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ALL THE CHOICES AND ALL THE RESPONSIBILITIES: AN EXPLORATION OF THE AGENCY PERCEIVED BY WOMEN WITH CHILDREN AROUND THEIR CHILDBEARING

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A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy

2014
For my mum Joyce Louise Read (1925-1999)

I miss her every day
ABSTRACT
This thesis presents findings from an exploratory study of agency around childbearing perceived by women with children from a feminist perspective. Feminism appears to be divided about women’s agency in regard to childbearing. Having a child tends to subsume the needs of women, therefore some feminists have linked it with oppression. Conversely motherhood, when chosen, has been seen by other feminists as a special experience that reinforced a woman’s sense of self-worth. Contemporary women’s childbearing has confusedly been portrayed as chosen but constrained and also a duty. Most recently women have been considered to have a duty to reproduce to stimulate economic growth. Furthermore, a plethora of fertility theories have been put forward to explain recent declining fertility but these have found to be incapable of explaining fertility trends and the complexity of childbearing negotiations. Amongst these deliberations women’s interests tend to get lost. This research attempts to explore women’s interests.

A total of 26 women each of whom had at least one child of nine years of age or younger from in and around Orange, NSW took part in the research. Data was collected using in-depth semi-structured interviews and focus groups. As agency is ill-defined within sociology, seven criteria for recognising agency were constructed from a review of sociological theory. The criteria were: 1/ The individual's preferences are not constrained by circumstances although circumstances may facilitate preferences; 2/ The individual is able to act independently regardless of social pressure but this does not necessarily mean acting contrary to social pressures; 3/ The individual’s actions are intentional, with an intended outcome; 4/ The individual can freely make choices; 5/ The individual is able to self-define; 6/ The individual is reflexive (i.e. is structurally- and self-aware, self-monitors and critically appraises their actions); and 7/ The individual is able to manipulate their circumstances and social context to enable their preferences to be achieved. These criteria were used as a series of lenses through which the data were viewed. This approach allowed for the explanatory powers of theories to be compared.

The findings show that women’s agency around childbearing was intermittent and imperfect but not completely absent. Important to the discourse of choice prevalent in the popular media and expounded by economic rationalists, the concept of choice
was shown to be simplistic. Rather the women described complex negotiations between biological factors, social influences and personal preferences. This research demonstrates that despite making some progress in workforce participation, women’s expected role in the home curtailed their carer expectations. The thesis furthers understanding of women’s childbearing agency, has implications for public policy, provides insights into the relevance of sociological theories to women who have children and provides a novel methodological approach for assessing agency.
DECLARATION

I certify that this thesis does not incorporate, without acknowledgment, any material previously submitted for a degree or diploma in any university. It does not contain any material previously published or written by another person except where due reference is made in the text.

This dissertation or thesis does not exceed 100,000 words exclusive of front matter, bibliography and appendices.

Signed:
ACKNOWLEDGEMENTS

I am very aware that despite this thesis ultimately being my work, for which I get the recognition, it wouldn’t have happened without a team who so graciously assisted me.

I would first like to thank the wonderful women who generously gave their time to take part in this research. I will be forever in their debt; their candidness has made this thesis possible.

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Chapter 1: Setting the scene

People make their "voluntary" reproductive choices in an institutional context that severely constrains them not to choose non-marriage, not to choose childlessness, not to choose only one child, and even not to limit themselves solely to two children (Blake, 1994, p.168, first published 1972).

1.1 Introduction
In December 2004 I was astounded when Peter Costello, Federal Treasurer, appeared to take credit for rising fertility rates on ABC television. He said:

I think one of the things you can say is that because the economy has been stronger, people have felt more confident about starting families. And there does seem to be a link between the pick-up in job opportunities, some of the family assistance measures and at least the bottoming of the fertility rate and hopefully the turning around of that fertility rate [my emphasis] (Costello & McKew, 2004).

In the context of the interview, it was plain that the ‘family assistance’ being referred to was mainly the $3000 lump sum Maternity Payment (known popularly as (and later renamed) the Baby Bonus) introduced just six months earlier. During the budget lock-up press conference that announced the payment in May 2004, Costello unforgottably encouraged couples to have “one for your husband and one for your wife and one for the country”. When asked “So does that mean you are not patriotic if you only have two children? He answered “You go home and do your patriotic duty tonight” (Costello, 2004). This remarkable exchange clearly signalled his expectations that women would, in the context of a heterosexual relationship, have several children for the good of the country. I think it is plausible to interpret him as meaning that having less than three children is selfish.

1 Australia has three levels of government: federal (sometimes referred to as the Commonwealth), state and local.
I was immediately sceptical of Costello’s claim that his policies had affected fertility rates; not only because not enough time had elapsed since the Baby Bonus had been introduced, but also because it did not ring true. At the time I was contemplating doing a higher degree by research and Costello got me thinking. I wondered if it was possible that women could be manipulated by such a trivial amount of money compared to the cost of rearing a child. I wondered if women took into account the macroeconomic landscape when having a child. I wondered how rational and thought through the decision to have a child was or even if children were often the result of decision making as such. I also wanted to know how other women had reacted to his budget message which to me sounded like a return to an attitude that women’s worth lay only in childbearing. I knew then that women’s childbearing ‘decisions’ was what I wanted to research.

As I looked further into the issue of fertility rate trends my scepticism appeared to be justified. Fertility rates had reached a low in 2001. The number of births had started rising well before the introduction of the Baby Bonus. It seemed more likely that the fertility increase was an ‘echo’ of the baby boom following World War II (1946 to 1965). The large cohort of baby-boomer women simultaneously reached an age when they were most likely to have children in the early 1970s. Therefore a second peak in birth numbers was expected around the turn of the 21st century (ABS, 2004). Between 1995 and 2005 the number of women of reproductive age in Australia (15 to 49 years) increased from 4.7 million to 5.1 million (ABS, 2005). It therefore looked as though the peak was just a little later than expected which seemed to fit with the trend for the median age of women giving birth which, at the time, was still rising (Kippen, 2006). Nevertheless, Costello (2006) continued to assert that the Government’s policies and rhetoric were responsible.

I first enrolled at the Masters level, asking the research question: How do women, with a child of nine years of age or younger, in the Central West of New South Wales (NSW), explain their childbearing behaviour? During this phase of the research it was apparent that women perceived that social pressures and biological imperatives were seen as important in the motivation to have children. Additionally, the women I interviewed usually referred to their childhood experiences to guide
them in regard to how many children to have and when to have them. It was also
apparent that participants made compromises and, in some cases, sacrifices, when
other preferences conflicted with their childbearing intentions. These findings
therefore led me to think, when upgrading to a PhD, that women’s agency around
childbearing was the most interesting and productive way of extending the research. I
will briefly define agency here, following Giddens (1984), as the ‘power to act’ but
the concept of agency will be discussed and defined in Chapter 4. This thesis,
therefore, presents findings from an exploratory study from a feminist perspective of
agency around childbearing perceived by women with children.

In this chapter, I set out the context in which Australian women’s childbearing has
occurred and provide an overview of how the research topic has been addressed in
this thesis. I concentrate on European Australia because participants in this research
(to the best of my knowledge) were of Anglo-European descent. I have described the
context of my research in recognition that time and place are important in
understanding women’s agency. As Judith Blake implied (see quote at head of
chapter) context is important whether or not it is perceived as constraining. The
participants’ childbearing occurred within Australia’s contemporary social structure.
In this chapter, I discuss attitudes\(^2\) to motherhood and family, social policies, fertility
control options, workforce participation expectations and discourses about
population which are likely to have influenced women’s childbearing. Childbearing
and the primary caregiving role tend to remove women from the workforce and
public life. As such, social structure, women’s position in society (what is meant by
social structure and society is discussed in Chapter 4) and childbearing are
interrelated; therefore, there has been a close connection between motherhood and
citizenship (Pateman, 1992) which is discussed. In this chapter’s first section I chart
the development of women’s position, most relevant to childbearing, within
contemporary Australian society. The second section provides an overview of
fertility trends, women’s workforce participation and related government policies.
The last section introduces the research presented in this thesis. The research
question and objectives are stated and an overview of the thesis provided. I argue for
the need for the research in Chapter 2.

\(^2\) Attitudes are predispositions towards particular behaviours.
1.2 Historical context

This section considers from an historical perspective the context in which Australian women have had children and women’s position in society relative to men. I use European settlement as a convenient starting point as it coincided with the end of the Age of Enlightenment and the beginning of the Industrial Revolution. This period has been identified as the time when gendering of traits and roles emerged (Gilding, 1997; Williams, 2000; Crawford, 2001). Prior to this work and home were not separated, domestic work was part of the productive process (Gilding, 1997) and children did not require around-the-clock attention (Williams, 2000). However, the social and political institutions, including the nuclear family that laid the foundations for the division-of-labour, have been traced back to the Middle Ages (Long, 2001; Maddern, 2001). Women were burdened with the majority of domestic work and childrearing because of their reproductive role (de Beauvoir, 1953; Brown, 1970; Firestone, 1979). During the Enlightenment differences between men and women were emphasised (Williams, 2000; Crawford, 2001). Women were seen as the weaker sex and less capable of reason and were, therefore, denied the opportunities of their male counterparts (Wollstonecraft, 1992; Crawford, 2001). The Industrial revolution was pivotal in shaping our capitalist society and women’s place within it. The non-inclusion in this section of Aboriginal history and the lack of detailed discussion of the discriminatory treatment of Indigenous, Asian and other non-European women is not intended as a denial of the importance or existence of non-European Australians. The focus has been placed on the dominant social influences relevant to this research.

1.2.1 Women’s place

Europeans first settled in Australia in 1788. They used the country as a penal colony as a result the population was heavily male biased (Howe & Swain, 1994). ‘Free’ women were brought to Australia to provide men with wives, to have children and provide a ‘civilising’ influence (Anderson, 1994). The British colonisers wanted the white population to utilise the breadth of ‘empty’ Australian land (Lake, 1993). On arrival, the women were quickly found work by a committee of ‘respectable citizens’. In the earliest days of the colony, in contrast to British women, colonial women were able to own property and to hold liquor licences. However, as the
society developed and more free settlers immigrated, the values\textsuperscript{3} and attitudes of Britain took precedence and these rights were lost (Farrell, 2001). The colonials wanted to impress the ‘mother-country’ and so respectability was emphasised (Farrell, 2001). A distinction was drawn between respectable and undesirable women (Summers, 2002). ‘Respectable women’ were: married, passive, dependent, mothers and white (Howe & Swain, 1994; Farrell, 2001). Despite dependency being sanctified, women probably contributed more to the economy than has been officially recorded (Anderson, 1994) and participated in the workforce more than has been estimated (Evans & Saunders, 1994). However, women were paid less than men (Anderson, 1994; Scutt, 1994); possibly as a control measure. Caroline Chisholm (a philanthropist especially concerned with the welfare of female migrants) believed that paying women as much as men would discourage respectability by dissuading single women from marrying and married men from working (Anderson, 1994).

In colonial Australia women were assigned the role of mothers and homemakers while men provided for the financial needs of the family (Hannam, 2007). However, only ‘respectable’ women were encouraged to be mothers. Indigenous women, on the other hand, were expected to have fewer children. Moreover, children identified as being of ‘mixed-race’ were taken from their mothers in order to assimilate them into white society (Farrell, 2001). Female education was deemed desirable to enhance women’s performance as nurturers. However, well-educated women were expected to give up their career on marriage; motherhood was considered their vocation (Summers, 2002). The rights of citizenship were reserved for privileged men of the upper classes. Women and lower classes had no right to own property and had no political voice (Farrell, 2001; Hannam, 2007). Men’s more powerful position was assured by women’s economic dependence and exclusion from the political system. Women in Australia won some recognition as citizens when they gained the franchise. At state level women gained the right to vote between 1895 (South Australia) and 1908 (Victoria). Women have been allowed to vote in federal elections since the first in 1901 (Australian Electoral Commission, 2007). Depending on state and house, women were first allowed to stand for parliament between 1915 and 1926 (Summers, 2002).

\textsuperscript{3} Values are standards commonly seen as desirable.
From Federation in 1901 to after World War II the distinction between home and work increased and the nuclear family model became more acute and widespread across classes (Evans & Saunders, 1994; Gilding, 2001). It has been argued that between the late 19\textsuperscript{th} century and the 1960s the role of mother took precedence over the role of wife; the appropriate place for the ‘good’ Australian married woman was in the home looking after children (Matthews, 1984; Zelizer, 1985; Henderson, 2006). It is understood that children were increasingly viewed as being in need of protection and as ‘sacred’ which led to motherhood being elevated to a sacrosanct position (Matthews, 1984; Zelizer, 1985; Henderson, 2006). However, maternal deaths were high (Summers, 2002). On introducing a Maternity Allowance of five pounds (for European women) in 1912, the Prime Minister, Andrew Fisher, declared maternity as “more dangerous than war” (quoted in Lake, 1993, p.379). World War One (WWI), which saw men fighting and women at home in supporting roles, tended to exaggerate gender roles\textsuperscript{4} (Damousi, 1994). This separation of roles and prioritising of children’s needs is further expanded upon in the following paragraphs.

This generally accepted position of women’s place in the home was reinforced by social policies and industrial working practices (Matthews, 1984). In 1907 the Commonwealth Arbitration Court, presided over by Justice Higgins, established the concept of a basic wage to ensure workers were able to meet fundamental living standards. According to the ruling, known as the Harvester Judgement, men were assumed to have a family to support, whereas working women were assumed to be single and without dependents. It was therefore reasoned that women should be paid less than men because they had only themselves to support (Matthews, 1984). The judgement entrenched married women’s financial dependence upon husbands (Eveline, 2001). Justice Higgins later ruled, at the 1919 Clothing Trades case, that women’s basic wage was 54\% of the men’s. This was despite the concern he expressed during the NSW Fruitpickers (1912) case that women being paid less than men, may threaten men’s jobs (Eveline, 2001). Furthermore such policies and

\textsuperscript{4} Gender refers to social differentiation between feminine and masculine according to the biological division of female and male. Gender roles refer to the social functions that women and men are expected to perform (e.g. respectively: primary caregiver and breadwinner).
practices continued, up until 1966 legislation prevented Australian women from working in public service jobs once they were married (Gilding, 1997).

In the late 19th and early 20th centuries changes to child labour laws and compulsory education meant that children gradually stopped making an economic contribution to working-class families and became economic liabilities (Zelizer, 1985; Hendrick, 1997). Working and lower class mothers’ workforce participation may have increased to compensate for loss of children’s earnings (Zelizer, 1985). In a climate where capitalism was growing, employment opportunities for women increased and feminists fought for the end of sexual discrimination in regards to wages (Lake, 1993). However, the campaign for recognition of the work that mothers did was used against women to exclude them from the workforce during the Great Depression. In response women stopped campaigning on points of difference between the sexes and advocated instead for women’s equal right to work (Lake, 1993). During World War Two (WWII), as men were enlisted, women’s workforce participation increased greatly; taking on traditionally male jobs, military support roles and jobs in munitions factories (Saunders & Bolton, 1994). Nevertheless, the women were paid less than men had been (Scutt, 1994). Contemporary women’s position in society, their workforce participation, their pay relative to men and discourses around their fertility is covered in the remainder of this chapter.

1.2.2 Population concerns

At the end of the 19th century and beginning of the 20th century fertility declined in Australia (ABS, 1996). The average family size decreased from seven in 1881 to four in 1911 (Howe & Swain, 1994). This appears to have been a part of a widespread ‘demographic transition’ in Western societies which coincided with declining death rates (van da Kaa, 1987; Hirschman, 1994). Australia, however, was a vast land with few people; falling birth rates were seen as a threat to its development and opening up the possibility of invasion (Howe & Swain, 1994). Population ideology, was therefore aimed at boosting the size and ‘quality’ of the population, emphasised the family and promoted ideal motherhood (Matthews, 1984). The resources of Australia and the number of people it could support (100 to 500 million) were vastly over estimated (Flannery, 1994). In 1904 the Royal Commission on the Decline in Birth-rate and on the Mortality of Infants in NSW concluded that birth rates were declining
because family size was deliberately being controlled (ABS, 1996). Furthermore, the Commission (comprised entirely of men) criticised women for being selfish and putting their own interests before having children (Howe & Swain, 1994; Gilding, 2001).

After WWI pronatalist messages were once again rife (Krupinski, 1984; Damousi, 1994); even so the inevitability of motherhood began to be questioned. Socialists were sceptical about women’s duty to “produce a body of wage slaves and cannon fodder” (Damousi, 1994, p.369). WWII similarly aggravated Australia’s insecurity about its ‘boundless plains’. At the end of WWII Arthur Calwell became Australia’s first Immigration Minister. He introduced a ‘populate or perish’ policy which was seen as necessary for guarding against invasion and growing the economy (Krupinski, 1984). Calwell’s policy saw immigration as the best solution (ABS, 2004); nevertheless it was accompanied by pronatalist social policies that encouraged women to return to the home and bear children (Davies, 1990).

In contrast, on a global level the expanding population was viewed as an overwhelming problem because of limited resources. High fertility was of greatest concern in undeveloped countries (Notestein, 1970; Caldwell & Caldwell, 1987; Bongaarts, 1994; Nalwadda et al., 2010; Pearce, 2010). In 1952, The Population Council was founded to promote family planning to combat poverty (Notestein, 1968). Various family planning programs initiated around this time were not:

...a passive pleading with individual couples to forego childbearing which they otherwise would wish to experience.

Instead, [they were] an aggressive campaign to transform the cultural prescriptions for childbearing all over the world [author’s emphasis] (Bogue, 1968, p.540).

It was in this context that the oral contraceptive pill (OCP) was developed and introduced in 1960 in the United States and first made available in Australia in 1961 (Summers, 2002). In 1973 the United Nations undertook to advance fertility control in developed and developing countries (UNPIN, 1994), at which point zero...
population growth was also seen as desirable for developed countries (see Ware, 1973 (Australia); Blake, 1974 (US)). At around the same time environmentalist Paul Ehrlich led a campaign for zero population growth with his book *The Population Bomb* (1972). He believed that population control was necessary in order “…to meet the needs not just of individual families, but that of society as a whole” (Ehrlich, 1972, p.xi). However the ‘green revolution’, which increased agricultural productivity, created optimism that the problems could be overcome by technology and therefore concerns about population size were diffused (Pearce, 2010).

More recently in developed countries, including Australia (as highlighted in the introduction of this chapter), the concern has been that fertility is too low (van der Kaa, 1987; Barnes, 2001; McDonald, 2001a; Sleebos, 2003; Sobotka, 2004; Morgan & Taylor, 2006). The large number of baby-boomers and increased longevity have resulted in an ageing population (ABS, 2004). Population ageing has been viewed as a threat to economic growth due to falling numbers of taxpayers and rising dependency on health and aged-care services (Commonwealth of Australia, 2010). This has been disputed by others who consider that the dependence cost of older people upon the public purse has been exaggerated (Curnow, 2000; Apps & Rees, 2003). Concern over the ageing population has led to much commentary in the popular media and a plethora of theories attempting to explain low fertility (see Chapter 2). Anne Summers⁶ (2003) expressed concern that the preoccupation with declining fertility would reinstate the traditionalist’s view of the breeding role of women. Indeed in 2008, Catholic Archbishop of Sydney, George Pell, pointed to population instability and suggested having too few children caused “difficulties and damage… to marriage and family life” (Morris, 2008).

In 2010 Australia’s population was forecast to rise to 35.9 million by 2050 (Commonwealth of Australia, 2010), sparking renewed interest in population. This interest was reflected in the appointment of Australia’s first Minister for (Sustainable) Population and a prominent population debate prior to the 2010 federal election. The Inaugural Population Australia 2050 Summit was also held in 2010 that

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⁶ Anne Summers, a prominent Australian feminist and writer, was first to hold the position of Assistant Secretary of the Office of the Status of Women in Australia (1983-1986).
considered the issue of a sustainable population size (Burke 2010). However, the appointment and interest has so far not resulted in a population policy seen as crucial by Flannery\(^7\) (2003) and others such as Victorian Premier Steve Bracks and entrepreneur and television personality Steve Vizard (Goldie, 2002). A ‘big Australia’ has long been desired by business as a means to stimulate economic growth (Gluyas & Hepworth, 2010) and was advocated by Vizard and Bracks (Goldie, 2002). However, a rapidly expanding population was seen as problematical because of insufficient infrastructure (Carr, 2010). Other commentators have called for a halt in Australia’s population growth for the sake of the environment (e.g. Flannery, 1994; Hamilton, 2002). Concerned about global warming and Australia’s limited resources, Flannery (1994) considered Australia overpopulated. He believed that a population of 6 to 12 million was ideal but conceded that 20 to 30 million was more realistic. However, Pearce (2010) suggested that overconsumption in rich countries such as Australia posed the main threat to the environment. The debate about population size has focused on migration but the Anglican Church argued for fewer births and axing the ‘Baby Bonus’ (Gordon, 2010). The debate about general population concerns may influence women’s childbearing even though it has not been about family size. More recently, discussion about population size has become less prominent.

1.2.3 Fighting for position

Australian women have fought for their rights since European settlement (Scutt, 1994), forming a variety of organisations in Australia which extolled a variety of views and represented a spectrum of political persuasions (Damousi, 1994; Spearritt, 1994). Women strove for equal pay for equal work (Scutt, 1994), questioned the gendered roles of men and women in the public and private spheres and fought for equal citizenship (Long, 2001). In the 1920s feminists advocated birth control to provide women with reproductive choice (Damousi, 1994). Australia’s first family planning clinic opened in Sydney in 1933 (Summers, 2002). During WWII, feminist Jessie Street drew up an Australian Women’s Charter in 1943 concerned with women’s rights in regard to work, housing, childcare, welfare, education. It took into

\(^7\) Tim Flannery is a well-known scientist and commentator on environmental issues, Australian of the Year 2007 and currently the Chief Commissioner of the Australian Climate Commission
account the needs of Indigenous and rural women and called for a wage of 30 shillings for “the mother and/or home-maker” (Australian Woman’s Charter, 1943). In order to back her claims Street compared motherhood services with soldiering (Street, 1944). Such arguments, however, may have encouraged policy makers to view women only as mothers (Davies, 1990). As in other countries, women’s suffrage and the protection of women and children were primary causes for Australian women (Lake, 1998; Farrell, 2001).

In Australia support for feminism diminished in the 1950s and 60s which has been associated with austere, ‘straitlaced’ attitudes towards sex (Lake, 1998). Overseas two highly influential books were published at this time: The Second Sex about the assignment of domestic roles based on biology (de Beauvoir, 1953); and The Feminine Mystique about the discontent of educated women with a life of domesticity (Friedan, 1963). Both authors advocated reproductive freedom. In Australia there were several women’s organisations across the political spectrum. The main focus of feminists at this time was for welfare reform to support women in their role as mothers. This focus tended to emphasise the role of mother rather than promoting the needs of women and, therefore, compromised efforts to establish women as active citizens (Hannam, 2007). The number of women with tertiary level qualifications had grown but this was not matched by employment opportunities and social expectations (Curthoys, 1994).

In Australia, feminism underwent a revival in the late 1960s and early 1970s in reaction to reneged promises of equality and influenced by the women’s liberation (or second-wave feminism (SWF)) movement in the United States, (Curthoys, 1994; Lake, 1998). Australian SWF was fundamentally concerned with the restructuring of society, gender relations and female identity (Lake, 1998; Larbalestier, 1998), with a focus on childcare, education, workforce participation, prevention of violence against women, women’s healthcare, and sexual/reproductive freedom (Curthoys, 1994; Lake, 1998; Larbalestier, 1998). A political advocacy group, the Women’s Electoral Lobby (Australia), was founded in 1972. The group was formed to represent women’s interests in public arenas, focusing on issues relevant to women (e.g.
sex discrimination including equal pay and violence against women) (Women's Electoral Lobby, no date).

As in earlier times, second-wave feminism encompassed a diversity of opinions (Curthoys, 1994; Hannam, 2007). According to Lotz (2003) there were four main second-wave feminist perspectives. Liberal feminism was concerned with women’s rights to participate on equal terms with men in the public sphere. Radical feminism identified gender relations as the primary source of oppression in society. Cultural feminism developed out of radical feminism and tapped into notions of ‘sisterhood’, advocating ‘women only’ organisations. Lastly, Marxist or Socialist feminism focused on class and oppression due to capitalism.

The most recent feminist theorising has been termed third-wave feminism (TWF). Overall, TWF has grappled with respecting individuality while advancing the interests of women as a collective (Young, 1994). TWF has commonly critiqued feminisms (particularly SWFs), embraced complexity (Orr, 1997; Kinser, 2004) and deemphasised gender by focusing on multiple identities (Bulbeck, 2005; Mann & Huffman, 2005). It has been associated with academic and younger feminists’ concerns (Alfonso & Trigilio, 1997; Orr, 1997; Kinser, 2004; Mann & Huffman, 2005). TWF has attempted to address feminist issues by acknowledging that feminism has itself been guilty of domination and exclusivity (Lotz, 2003; Mann & Huffman, 2005). Postfeminism has been classed as a form of TWF (Brooks, 1997; Lotz, 2003) or, alternatively, as a stance that considers feminism passé (Kinser, 2004; McRobbie, 2004) at least for white-women (Braidotti, 2005). Braidotti (2005) associated postfeminism with “white-supremacy” and neo-liberalism and considered that postfeminism applied to white-women where financial success of women was all important. Identification of gender, or as a woman, has become ‘taboo’ for postfeminists (Gubar, 1998). The dismissal of gender identity has been seen as problematical. It has been argued that rejecting ‘woman’ as an identity of connection results in blaming women for, and obscures the sources of, structures that may disadvantage them. Further, not being able to identify as a woman denies the history of women’s liberation and ongoing feminist struggles globally, leaving oppressed women unsupported (Young, 1994; Braidotti, 2005).
Undoubtedly women’s lives have changed since the beginning of the twentieth century. Female dependency became less idealised as the pressure of consumerism increased (Matthews, 1984). Furthermore, an expectation for women to be economically productive in the workforce has led to young motherhood being frowned upon (Harris, 2004). In contemporary Australia, the enactment of anti-discrimination legislature has led to a widespread belief that gender equity has been achieved but reality does not match the assumption (Bulbeck, 2005).

Women may have higher levels of education and a greater presence in the workforce than they once did but there are indicators that gender inequity persists and is manifested in new ways (McNay, 2000). Women do not participate equally in the workforce. Between 1990 and 2012 women have consistently earned around 15-17.6% less than men (Cassells et al., 2009b; Workplace Gender Equality Agency, 2013). In most recent years the gap has increased. Since the second half of 2009 it has fluctuated between 17% and 17.6%. In November 2012 women working full-time earned 17.6% less than men working full-time (Workplace Gender Equality Agency, 2013). Discrimination has been cited as the main reason for the pay gap (Cassells et al., 2009b). In addition to their increased workforce participation, women are reported to undertake more housework and provide more care for their children than their male partners (Baxter et al., 2004; Bittman & Pixley, 2004; Craig, 2007a).

Women are underrepresented in leadership roles in the government (Office for Women, 2012) and industry (Cassells et al., 2009b; Australian Institute of Company Directors, 2013). Possibly indicative of change, five women held significant political leadership roles simultaneously (for a brief period) in Australia. They were: Quentin Bryce (Australia’s first female Governor General, incumbent from 2008), Julia Gillard (first female Prime Minister, 2010-2013), Kristina Keneally (first female Premier of New South Wales, 2009-2011), Anna Bligh (first female Premier of Queensland, 2007-2012) and Lara Giddings (first female Premier of Tasmania,
incumbent from 2011)\(^8\). However, Julia Gillard’s experiences and women's continued underrepresentation in industry leadership roles suggest there is still a way to go. She felt compelled to speak out about misogynistic attitudes of the Opposition Leader, Tony Abbott (Gillard, 2012), and considered that because she was female her Prime Ministership was made more difficult (Gillard, 2013).

Moreover, women continue to be subjected to violence. New examples have recently come to light of abusive treatment of women within Australia’s military indicative of a deeply ingrained culture (Lauder, 2013). Additionally, domestic violence has been found to be widespread and growing (Tually \textit{et al.}, 2008). In 2009 there were 18,807 reported sexual assaults, 84% on females (ABS, 2010).

\textbf{1.2.4 Fertility control}

The availability of reliable contraceptive methods and recourse to abortion has led to the assumption that women in developed countries, such as Australia, choose whether or not to have children (Luker, 1999; Hakim, 2003b; Macken, 2005; Hayden & O’Brien Hallstein, 2010). Modern methods have placed the responsibility for contraception mostly with women (Tuana, 2006); modern contraceptives (e.g. IUD and OCP), new methods of sterilisation, suction abortion and decriminalisation of abortions have particularly been linked with lower fertility (Caldwell \textit{et al.}, 2002; Weston & Parker, 2002). The OCP was made more affordable for Australian women in 1972 by the removal of the 27.5% ‘luxury’ sales tax. Pregnancy terminations were also decriminalised in 1972 and the first legal abortion clinic opened in 1974 in Sydney (Summers, 2002). In 2006, RU-486 (pill that chemically induces abortion) became available in Australia (Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU486) Act 2006).

How much these developments have advanced women’s reproductive freedom is questionable. Access to contraception and abortion services remains difficult for

\(^8\) There had been two other female State Premiers (Joan Kirner (Victoria 1990-1992) and Carmen Lawrence (1990-1993 Western Australia)) and four other female Territory Chief Ministers (Rosemary Follet (Australian Capital Territory (ACT) 1989; 1991-1995), Kate Carnell (ACT 1995-2000), Clare Martin (2001-2007) and Katy Gallagher (ACT incumbent from 2011).
some. For example, cost, distance, and insufficient numbers and diversity of health professionals have been shown to create barriers that restrict young people’s access to such services in rural areas (Quine et al., 2003). Even when contraceptives can be accessed they may be used ineffectively or not used at all. Research has demonstrated that many women were at risk of an unwanted pregnancy because they did not use contraception, lacked knowledge of contraceptive options, used contraception ineffectively, were reluctant to seek contraceptive advice, or had restricted access to contraception and abortion (Richters et al., 2003; Calabretto, 2009; Mazza et al., 2012; Ong et al., 2012). In addition, the anti-abortion movement has fuelled the stigmatisation of abortion (Ellison, 2003) and usurped ‘pro-choice’ strategies to discourage abortions (Cannold, 2002). In any case, women controlled their fertility before these developments. As discussed above, women at the turn of the century were criticised for using contraception. Early cross-cultural research failed to identify any society in the world in which women did not control their fertility (Henry, 1961). And, even prior to decriminalisation in 1972, abortions were widely used to control fertility (Summers, 2002).

On the other side of the coin, there have been major developments to assist reproduction. Assisted reproductive technology (ART) has been relied on more as childbearing age has increased, since women tend to experience a fall in fecundity when they have their children at a later age (Maheshwari et al., 2008). Women having difficulty conceiving have been coached by fertility advisors to have sex at the optimum time. Alternatively, hormonal treatments to stimulate ovulation, egg donation and surrogacy have been used. In-vitro fertilisation (IVF) was successfully used for the first time in Australia in 1980 (Monash IVF Australia, no date). Artificial insemination has also made it possible for lesbians, single women and women with infertile male partners to have children. Lesbians and single women have, however, been denied access to these technologies in accord with ‘traditional’ views about families (Maddox, 2005). Furthermore, the costs of fertility treatment can be prohibitively high and treatment can be difficult to access for women in rural areas (Blank, 1997). For example, IVF Australia has estimated the out of pocket expenses for the first cycle of IVF to be $3360 (IVF Australia, no date). Therefore, the possibility of greater control over having or not having a child may be promised
but not all women have access to the technology or may not be able to use it effectively.

1.3 Fertility trends and women’s workforce participation trends

To help place the research in context this section looks at fertility trends and women’s workforce participation trends and possible influences, including government policies, on those trends.

Between 1921 and 1965 the total fertility rate (TFR) in Australia fluctuated. In the mid-1930s, during the depression, it fell to 2.1 which is considered to be replacement level (i.e. the rate needed to maintain a steady population size). A ‘baby-boom’ occurred between 1946 and 1965 (ABS, 2004), peaking in 1961 at 3.5 babies per woman. After the baby-boom, fertility once again declined and reached a record low of 1.73 in 2001 (Figure 1.1). This fall in fertility was part of a trend common to high income countries, termed the second demographic transition (SDT), which began around 1965, associated with a complex portfolio of demographic changes (van da Kaa, 1987). These changes included women’s increased educational attainment and workforce participation, increased age at first marriage, fewer marriages and more defacto relationships, increased divorce rates, and increased mean age of entering parenthood and of women giving birth (van da Kaa, 2001). Australia followed the general characteristics of the SDT. Marriage occurred later and defacto relationships and divorce increased (de Vaus, 2002; Birrell et al., 2004). Australians spent longer in education (ABS, 2013b) and hence established a career later. Women’s level of education and workforce participation steadily increased (Evans & Kelley, 2004; see also Figure 1.2). The median age at which women first gave birth increased from 24.0 years in 1975 (ABS, 2006) to 29.3 years in 2006 (ABS, 2011). It has fallen slightly since then to 28.9 years in 2011 (ABS, 2012a). Fertility increased to 1.96 in 2008 and has since dropped back to 1.88 in 2011 (ABS, 2012a). The higher fertility post 2001 was associated mainly with women in their 30s having children (ABS, 2012a).
Figure 1.1: Australian total fertility rate (TFR), 1921 to 2011

Data source: ABS (2008a; 2012b)

Figure 1.2: Australian women's workforce participation, February 1978 to February 2013

Data source: ABS (2013a)
The Australian Federal Government has indirectly promoted family formation and childbearing via welfare payments and the taxation system. Reforms have been made to improve equity for women and direct payments to who most needed them in the following ways. In 1976 tax concessions for children, which had put money into the pocket of the primary earner, were finally abolished and Family Allowance was introduced (also replacing the Child Endowment payment). These reforms benefited low income women the most and ensured that financial support for the family was paid to the primary caregiver (usually the mother). In 1993 the dependent spouse rebate was replaced by the Home Child Care allowance which again redirected money from the primary earner to the primary caregiver. However, this was overturned in 2000 with the introduction of the Family Tax Benefit (FTB) scheme which once again made it more likely the financial support offered to families would be claimed by the primary earner through the tax system (Cass & Brennan, 2003). The changes to welfare payments paid to families in the context of fertility trends have been summarised in Figure 1.2. There appears to be no clear relationship between TFRs and welfare policies. As discussed in the introduction of this chapter, the most direct attempt by government to influence women’s childbearing was made by the federal Treasurer, Peter Costello, in 2004. As part of the 2013 budget, the Baby Bonus was abolished, effective 1 March 2014. Those eligible for FTB part A (means tested support payment for families) will get a supplementary payment of $2000 for each child of a first birth or adoption and $1000 for subsequent children (Commonwealth of Australia, 2013). The purpose of this change was to better target the payment, provide cost savings for the Government and reduce payment complexity (Klapdor, no date).

In developed countries women’s increased workforce participation since the 1970s has been cited by some as the major cause of falling fertility rates (Barnes, 2001; Evans & Kelley, 2004; d'Addio & d'Ercole, 2005; Da Rocha & Fuster, 2006). Declining fertility has also been associated with women’s increased educational attainment (Lappegård & Rønsen, 2005; Parr, 2007; Monstad et al., 2008). For around a quarter of a century (at least), it has been perceived as necessary for women to balance caring for their families with their paid employment (see Young, 1989) which has not been the case for men. It was observed that as Australian women’s
Data sources: ABS, 1998; 2008a; 2012a; Daniels, 2009; FaCHSIA, 2012; Commonwealth of Australia, 2013; DHS, no-date-a

Figure 1.3: Summary of family policy introductions and changes in relation to total fertility rate (TFR) trend 1966 to 20
earnings increased they had fewer children (Miller, 1988) because of the increased opportunity costs associated with giving up work to look after children (Daly, 1990). It has been suggested that women delayed childbearing in order to obtain tertiary level qualifications and establish a career (Benzies et al., 2006). However, the relationship cannot be that simple because in recent years countries with the lowest fertility (e.g. Germany and Italy) have been shown also to have relatively low rates of women’s workforce participation (Apps & Rees, 2004; Adema & Whiteford, 2008).

Employment amongst women with children increased from 55% in 1991 to 65% in 2011 (Baxter, 2013). As discussed above, the Government expects that contemporary women will be active in the workforce and will have children in the interest of the nation. It has been proposed that women would best be encouraged to have children by providing long-term support for employed women with children (M. Baker, 2008). More specifically it has been suggested that reforms to taxation, childcare, parental leave and flexible workplace policies were needed (McDonald, 2001c; Pocock, 2003; Apps & Rees, 2004). It is also argued that the Australian joint taxation system is inequitable for secondary earners (usually women) (Apps, 2009) and that individual taxation would increase women’s workforce participation and fertility (Apps & Rees, 2004). Family welfare payments may have reduced workforce participation by women (especially in low- and middle-income families) because they have resulted in high effective marginal tax rates (EMTR) (Toohey & Beer, 2004). The recent increased tax-free threshold ($6000 to $18,200 on 1st July 2012) has been estimated to decrease, increase or have no effect on the EMTR of low and middle-income earners depending on specific income (Williams, 2011). Unlike most workforce expenses, childcare costs cannot be claimed as a tax deduction. Instead a complicated series of fee subsidies and tax rebates have been introduced (Figure 1.4). Currently, the Child Care Rebate pays 50% of childcare costs up to $7500 (FaHCSIA, 2013), providing more assistance for low-income earners than would a tax deduction (Cooper, 2012).
Data sources: Curthoys, 1994; Summers, 2002; ABS, 2008a; 2012a; Australian Government, 2009; Daniels, 2009; DHS, no date

Figure 1.4: Summary of work-related policy introductions and changes in relation to total fertility rate (TFR) trend 1966 to 2011
Alternatively, other studies have found social and labour market policies have little effect on fertility rates (Lattimore & Pobke, 2008; Del Boca et al., 2009). It has been suggested that the number of children women bear and the amount they work is culturally driven (Fernández & Fogli, 2009). Additionally it has been shown in a US study that women had a greater tendency to forego their workforce aspirations to have the children they wanted rather than vice versa (Liu & Hynes, 2012). As women usually take on the primary caregiving role they are more likely than men to work part-time (in 2007, 70.7% of part-time workers were female (ABS, 2008b)) and take time out of the workforce post-children (Goward, 2002; ABS, 2009b; Baker, 2010). Cassells et al. (2009a) estimated that, due to the gender pay gap and reduced workforce participation because of caring roles, over 40 years a male’s earnings are likely to be one-and-a-half times more than his female counterpart. Moreover, policies aimed at raising fertility rates have been shown to have little effect (OECD, 2011).

Women’s workforce participation has been supported by social policies and legislation. Particularly noteworthy changes were: the principle of equal pay for equal work adopted in 1969; the Child Care Act 1972 which established the principle of government involvement in the provision of childcare, the Sex Discrimination Act 1984; the Affirmative Action (Equal Opportunity for Women) Act 1986 and the introduction of a minimal National Paid Parental Leave Scheme January 1, 2011. Figure 1.4 demonstrates that there is no clear relationship between the introduction of these policies and TFR reinforcing the argument, mentioned above, that the relationship between workforce participation and childbearing is complex. It is complexity of this kind that is explored in this research.

1.4 The thesis
This section provides an overview of the thesis.

1.4.1 The research question and objective
The main objective of this research was to understand the perceptions of agency around childbearing outcomes of women with children and then based on these findings develop a conceptual framework. This will allow the development of
strategies to better enable women to have control of their childbearing. The research question was:

(a) How do women, with at least one child nine years or younger living in and around Orange, perceive their agency around childbearing and (b) how can this knowledge be used to inductively develop a conceptual framework of the perception of women's agency in regard to childbearing?

I would like to note here that this thesis is about women’s agency around their childbearing outcomes. In other words, while childbearing was the main focus, it is impossible to discuss women’s agency in regard to childbearing without considering their agency in regard to childcare responsibilities and workforce participation because they are so intimately interrelated. Hence, women’s agency in these matters affects and is affected by their agency in regard to childbearing.

1.4.2 Thesis map

In Chapter 2, I outline the need for a study of women’s agency around their childbearing. I cover the significance of the research and review what is known about women’s childbearing outcomes and how they are arrived at. Hence, I look at fertility theories espoused to explain fertility trends and empirical studies of childbearing outcomes and decisions. To further build my argument for why this study was needed I also review feminists’ perspectives of motherhood.

Chapters 3 and 4 constitute the methodology section of the thesis. In Chapter 3, I outline the rationale for the selection of methods and approaches, the strategies used to enhance trustworthiness of the findings and my position in relation to the research. Chapter 4 is the main theory chapter which I include in the methodology section because here I develop my analytic approach. Using sociological, philosophical and psychological theories of agency, free-will and autonomy I develop seven criteria that represent different aspects of agency. I use these criteria like a series of lenses through which I view the data.

Chapters 5 to 9 form the findings and discussion section of the thesis. Chapter 5 reviews participants’ perceptions as to which circumstances facilitated and which
constrained them in regard to childbearing. In Chapter 6, I look at how participants understood social pressures affected them. Chapter 7 looks at the participants’ perceptions as to how intentional was their reproductive behaviour. In Chapter 8, I ask how free participants perceived they were to make decisions around childbearing. Finally, in Chapter 9, I look at how the mother identity fitted with participants’ perceptions of themselves. Within these chapters I also consider how reflexive participants were and whether they were able to manipulate the circumstances in which they had their children.

Chapter 10 provides an appraisal of the research, summary of the main findings and concludes the thesis. In this chapter I bring the findings together to develop a conceptual framework of women's agency in childbearing decisions. I consider the implications that the findings have for social theory relevant to agency, fertility theory and women's agency around childbearing. I also outline the direction I believe that future research should take to advance further understanding.

1.4.3 Writing the thesis

This thesis was not easy to write, primarily due to the complexity and the breadth of the subject. It was important to me to do that complexity and breadth justice. Childbearing affects the whole of women’s lives and hence protrudes into a multitude of areas each with their own vast literature. The subject raises issues of sociology, philosophy, demography, psychology and social policy. As a result it has been challenging to keep the thesis focused. The qualitative nature of the research requiring the substantial use of participants’ quotes, the richness of the data (occasions when all participants had the same perception were rare) and the complexity of the subject also made it difficult to remain within the permitted word count.

The analysis sections of the thesis went through a number of different versions prior to settling on one based on agency criteria. In the first version, the analysis was divided into: ideation, planning and prerequisites, lived experience, negotiating and agency. The second version divided the data into: ideation, biological aspects (including planning pregnancies), having the first child, having subsequent children and agency. The third version examined: whether to have children, how many to
have and when to have them. The previous versions I found unsatisfactory because I was unsure of where to incorporate data but especially because they did not deal with the issue of agency directly. The advantages of the approach adopted were that it ensured the thesis focused on agency and moved the analysis beyond description into interpretation. Furthermore, the approach taken contributes to clarification of what is understood by ‘agency’.

1.5 Conclusion
This chapter has charted the place of women in Australian society since European settlement. Throughout this history women have been considered to have a duty to reproduce. The Industrial Revolution designated women’s place as within the home. White women were seen as home-makers and mothers with a civic duty to produce children to populate the country. These women were kept in their place by a discourse of ‘respectability’ and economic dependence suggesting their agency was limited because they had few options to act otherwise. Nevertheless, in common with other Western countries Australia underwent a demographic transition, around the turn of the 19th Century, characterised by lower birth rates. Later the Depression and WWII lowered fertility rates. This slump in births was contrary to the political agenda to greatly increase the white population although this was attempted mainly through immigration. Expanding populations were mostly seen as problematical in less-developed countries due to poverty in these countries and limited global resources. These political attitudes have continued into the 21st century. Beginning with the introduction of a Maternity Allowance in 1912 Australia has offered a series of social welfare payments and taxation allowances to support families and ‘may indirectly’ women to have children. In addition, fertility control technologies potentially allow women more say about when and how they have children.

In this chapter, I have provided the background necessary for situating an exploration around women’s agency in regard to childbearing. It was shown that attitudes to childbearing and women’s workforce participation and hence their position in society are deeply rooted in history. I have, therefore, supported the claim made in the introduction that social structure, women’s position in society and childbearing are interrelated, meaning that motherhood and citizenship are closely connected. This
chapter has also demonstrated that attempts have been made to manipulate women’s childbearing to suit political and environmental agendas. Women’s fertility has been treated as a problem to be solved. This research contributes to the ongoing discussion around fertility but brings the focus to women’s interests. It is clear that women have generally been disadvantaged and dissatisfied by the reproductive responsibilities placed upon them and their marginalisation within the workforce. However, it was also shown that technologies promise women the ability to control their fertility making their emancipation theoretically possible. Hence, the chapter provides the context for the exploration of women’s agency around childbearing.

In Chapter 2, I build upon the foundation laid by developing the argument for why this topic should be studied. My argument develops through reviewing the literature around women’s childbearing decisions and feminist perspectives of motherhood.
Chapter 2: (Re)Viewing the terrain

Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community… Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences (UNEGEEW, 1995, p.33).

2.1 Introduction

In the previous chapter the background in which women’s childbearing has occurred was outlined. It was demonstrated that the social expectations contemporary women are subject to have a long history. In this chapter, I argue the case for why a study of women with children and their agency around childbearing was needed. In the first section I consider the significance of the study. I then review the academic literature in regard to women’s childbearing outcomes and decisions they may make. I approach the review from three perspectives: theories proposed to explain fertility decline; feminist perspectives of motherhood; and empirical studies that have investigated Australian women’s childbearing decisions focusing on those that researched women who had children.
2.2 Private and social significance

This section makes the case for why the study of Australian women’s agency around childbearing is important. As previously indicated (Chapter 1, p.3), agency has been as defined as the ‘power to act’ and is explored in more depth in Chapter 4.

Childbearing and women’s rights are inextricably linked. The *Beijing Declaration and Platform for Action* of the United Nations Entity for Gender Equality and the Empowerment of Women (UNEGEEW) recognised that in order to exercise agency in regard to childbearing gender equity was essential (see quote at the head of this chapter). This can also be viewed the other way around, in that women having control over their reproduction has been considered vital in the feminist struggle for gender equity (Gimenez, 1983; Yuval-Davis, 1996) which in turn is related to the relative power distribution between the sexes. Motherhood has been variously viewed as a source of power for women (Lamb et al., 1987; Snitow, 1992) and the major reason for their lack of power (Mitchell, 1971; Polatnick, 1983; Crittenden, 2001).

In the process, women have been burdened with conundrums of choice and responsibilities in regard to childbearing. Beck and Beck-Gernshein (1995) argued that women are now compelled to make conscious decisions about every aspect of their lives, including childbearing and that they are free to choose. Giddens (1991a) and Butler (1987) have argued similarly. In relation to childbearing a discourse of choice also runs through the popular media which suggests women choose to have few or no children (e.g. Manne, 2002; Shanahan, 2002; Macken, 2005). Therefore, young women have been led to believe that their biographies are the outcome of their choices, resulting in shouldeing the responsibility for whatever happens to them and to be reluctant to recognise when they are being exploited (Harris, 2004; Bulbeck, 2005; Chung, 2005; J. Baker, 2008). The rhetoric that women choose to have children, therefore, has allowed sacrifices (around careers and other aspects of their lives) that women make to be overlooked by those who benefit (those in powerful positions, particularly men) from the inequity that arises (Crittenden, 2001). A woman’s right to reproductive freedom interacts with the ‘greater good’ of society (Moen, 1979; Petchesky, 1980). A woman’s childbearing necessarily affects others
as well as the woman having the child. Therefore, reproductive rights also entail taking responsibility for the effects of one’s reproductive behaviour on others (UNEGEEW, 1995). Iris Young recognised the social responsibility inherent in reproductive freedom. She argued:

In a crowded world each additional child makes for social costs; thus everyone has a moral obligation to ask whether they should bring another child into the world (Young, 1990, p.130).

Social interest, however, means that there is a great deal of social pressure in regard to women’s childbearing behaviour which may threaten her agency. This social interest involves partners, existing children and potential grandparents but also spreads outside of the family into society more generally (as was discussed in Chapter 1). Therefore insights into women’s agency around childbearing are vital for understanding women’s position in society, and would help to inform strategies (e.g. social policies and education) to help women achieve the childbearing outcomes (be that having children or not) they seek. The research is also relevant to demographic interest in fertility rates and what determines them by providing a greater understanding of the complexity involved in fertility outcomes. The significance of the focus on the agency of women with children is, therefore, that it allows the exploration of the interplay between choice and responsibility and in doing so promotes the interests of women.

### 2.3 Fertility theory

This section outlines the fertility theories put forward to explain the general decline in fertility associated with the SDT (discussed in Chapter 1) in developed countries such as Australia.

The use and availability of modern fertility control techniques have been assumed to be behind fertility decline generally (Caldwell et al., 2002; Weston & Parker, 2002) and so most fertility theories assume some degree of choice. Contrary to this tendency, Davis and Blake (1956) emphasised cultural and other structural influences. They theorised that cultural influences included exposure to sexual intercourse (e.g. duration of reproductively productive years spent outside sexual unions and frequency of the sex act), exposure to conception (e.g. use of
contraceptives and fecundity) and pregnancies that resulting in a live birth (e.g. miscarriages and abortions) and hence influenced fertility.

Economic rationalist theories have taken into account parental choices made in regard to the cost of childrearing and the benefits that they expect to be returned (e.g. Leibenstein, 1974; Caldwell, 1982; Becker, 1991). Employing rational choice theory, Becker (1991) argued that in developed countries people choose to invest in fewer children who, in terms of education and earning potential, were more successful than would otherwise be possible in a larger family. Easterlin (1975) also recognised the emotional and psychological as well as financial costs and benefits of children but he also considered social institutions and biology played a part in determining childbearing behaviour.

A post-materialist values theory was proposed by van da Kaa (1987; 2001) based on Inglehart’s (1977) work. Inglehart argued because people in Western societies live basically secure lives, values related to survival and economic achievement had been superseded by post-materialist values related to ‘quality of life’. Hence, van da Kaa suggested fertility decline was due to changed values and attitudes; that women no longer felt motherhood was essential for fulfilment and that childbearing was usually delayed in order to pursue other means of fulfilment (e.g. education and travel).

McDonald (2000) argued that women in modern Western societies have equal or almost equal opportunities in education and the workplace. Moreover, prior to parenthood within couples the paid work involvement and household task burden of each member was likely to be similar. However after having a child, inequity increased with women having a greater total work burden. His gender equity theory suggested loss of equity led women to choose to have few or no children.

Hakim (2003b; 2003c) posited a preference theory which related women’s childbearing to their workforce preferences. The theory categorised women into three groups: career focused women who were likely to have few or no children; adaptive women (the largest group) who were likely to combine work with looking after a family and home-centred women who were most likely to have larger families.
Hakim argued women were largely in control of their childbearing and substantially free from constraints.

Finally, risk-aversion theory (as termed by McDonald, 2001b) posited that in contemporary society there is a lack of social rules to guide people’s behaviour. Hence, conscious decisions had to be made about whether or not to have children, when to have them and how many to have (Beck & Beck-Gernsheim, 1995). Further, having children was perceived as risky in modern societies, whereas in traditional societies children were perceived as reducing uncertainty (Friedman et al., 1994). Thus fewer children were born because these decisions were being made against a backdrop of trends that increased uncertainty about the future (e.g. greater incidence of de facto relationships, increased divorce rates, decreased employment security) (Beck & Beck-Gernsheim, 1995; Giddens, 2002).

It must be remembered that theories attempt to describe the reasons for declining fertility and not why women do have children. These theories tend to simplify childbearing outcomes by assuming everyone’s motivations are the same and are mostly concerned with a narrow band of considerations. They may be useful for helping to explain some women’s fertility outcomes under the specific circumstances they describe but no one theory is able to fully explain recent fertility trends (Manne, 2001). They also tend to assume some degree of choice. However, contrary to assumptions of the theories women hold diverse attitudes and preferences and their circumstances vary (Manne, 2001). Thus, these theories are limited by the failure to encompass the complexity of women’s childbearing behaviour. By exploring women’s agency in this research I am beginning to fill this gap in the theoretical understanding of women’s fertility.

2.4 Feminists’ perspectives

In this section I review how motherhood has been perceived in the feminist literature. For feminists motherhood has been a contentious issue (DiQuinzio, 1999) that has resulted in schisms within feminist discourse. The multiplicity of feminist views in relation to motherhood and reproduction has previously been outlined (for example Millett, 1971; DiQuinzio, 1999; Allen, 2005; Neyer & Bernardi, 2011).
Motherhood has been viewed as a source of oppression by some feminists. For a woman to be a ‘good mother’ her time and energy must be spent caring for her children and looking after the family home while her own needs were abnegated (Wearing, 1984). Badinter (1981) claimed the good mother ideal and even maternal love were inventions of the modern world; part of a patriarchal society designed to keep women “in their place”. Radical and Marxist feminists identified the nuclear family and capitalism as exploitative (Greer, 1970; Millett, 1971; Firestone, 1979; Allen, 1983; Rich, 1986). Some radical feminists perceived motherhood had positive aspects (Rich, 1986; Oakley, 2005) but rejecting childbearing was seen by others as the only solution to male exploitation of women (de Beauvoir, 1953; Firestone, 1979; Allen, 1983). Mitchell (1971) considered that biology was used as an excuse for women’s subordination by assigning to them home-based rather than wealth creating roles. The good mother ideal inevitably cast women in the role of primary caregivers. It has been argued that women contribute to their own oppression by modelling practices and teaching children attitudes that cast women in a subordinate role (Millett, 1971; Moen, 1979; Ruddick, 1983; Rich, 1986). Similarly, Oakley (2005) argued that maternal love made the oppression of women possible.

Conversely, motherhood has been seen by other feminists as a special experience that reinforced a woman’s sense of self-worth (Gilligan, 1982; Ruddick, 1983; Cixous, 1998). Gilligan (1982) argued that when freely chosen, undertaking the responsibility of the caregiver role was a source of strength and personal validation. She perceived that women had an ‘ethic-of-care’ making them suited to the mothering role. Similarly, Ruddick (1983) suggested that women developed ‘maternal thinking’ (which leads mothers to follow good mother ideology) through childrearing. Wolf (2001), on the other hand, perceived her ‘feminine’ tendencies and ‘maternal’ feelings had started to develop during pregnancy. She was surprised and bewildered by her pregnancy and early motherhood experiences. Her first-hand experience led her to suggest ‘Motherhood Feminism’ was needed to lobby for parental needs.

The feminist concept of intersectionality made apparent that women live within varying contexts which are potentially a basis for discrimination. Women-of-colour,
for example, may be more oppressed by race than gender (hooks, 1984; Crenshaw, 1989; McCall, 2005). For many women, because their main source of disadvantage has been outside of gender, the family may have been viewed as a source of support and power (for example: working-class (Humphries cited in Walby, 1989, p.221), rural women (Alston, 1995) Australian Aboriginal women (Moreton-Robinson, 2000; Paisley, 2000; Eveline, 2001) and women from other non-white backgrounds (Amos & Parmar, 1984; hooks, 1984; Eveline, 2001; Stephan, 2010)). Indeed bell hooks argued that the family provided refuge from the oppression of racism and “stressful, degrading and dehumanising” work done outside the home (hooks, 1984, p.134). Moreton-Robinson (2000), objected to the feminist portrayal of motherhood as oppressive when Indigenous women, as was discussed in Chapter 1, have so often not been allowed to be mothers and had their children taken from them.

The challenge for feminists has been to support women and meet the aim of freeing women from oppressive practices to ensure their equal rights, whether or not they have children, whilst recognising the value of the mothering role (Maher, 2005a). As antidotes to the disempowerment that women who have children experience, sharing of childcare (Dinnerstein, 1976; Ehrensaft, 1983; hooks, 1984; Walby, 1990; Kurz, 1997) and workforce participation (Friedan, 1963) have been proposed. Liberal feminists have advocated that women should have the same opportunities as men to pursue a career and have children (Friedan, 1963; Whelehan, 1995; Summers, 2002). On the other hand, Walby (1990) understood employment as being a source of liberation but also of oppression for women. The denouncing of motherhood and promotion of workforce participation to advance women’s rights has been criticised for devaluing motherhood. Alternatively, the embracing of motherhood has been criticised for pronatalism and for supporting women who have children at the expense of women who do not (Snitow, 1992). I believe exploring women’s agency around childbearing may help to promote all women’s equal rights while valuing motherhood. As discussed in Section 2.2, gender equity and women’s reproductive freedom are mutually dependent measures aimed at improving women’s agency in regard to childbearing and more generally. The approach respects that some women may want children and hence values the work of the mother. At the same time it does not assume all women want children and so respects other ways of being. I contend
that a more in-depth understanding of women’s agency around childbearing may enable women to make more informed decisions, make apparent how women with children could be better supported and, thus, place women in a more powerful position, however they use that agency.

2.5 Empirical studies

This section reviews the empirical research related to the childbearing decisions of women who have children.

A number of Australian studies have investigated women’s preferences in relation to fertility. These studies have tended to concentrate on family size and do not particularly question women’s desire to have children. For example, a broad study of Australia’s population which commenced in 1971 considered historical patterns in family size and their relationship to marriage patterns but did not go beyond descriptive analysis of population trends including declining fertility rates and women’s increased workforce participation (Borrie, 1975). Also in 1971 the Australian Family Formation Project was the first major fertility survey conducted in Australia. Conducted in metropolitan Melbourne, the survey included only women who had been married once and were still living with their husbands. Data were collected on contraceptive use and attitudes towards family size. Most women in this study practiced some form of contraception at some stage but found the more reliable methods available unsatisfactory (Caldwell et al., 1973). It was also found that overall women were having fewer children, closer together (compared to their mothers) (Young, 1977b), that the women did not have firm ideas about the family size they wanted but Catholics tended to want larger families (Ware, 1973; Young, 1974) and had a preference for a child of each sex (Young, 1977a).

Bracher (1981) used the results of the Melbourne survey to produce a fertility model. However, he puzzled that the statistical analyses failed to demonstrate a strong relationship between family size differences and social characteristics. The survey was repeated in 1977 but this time included young adult men and women who had never been married as well as once-married women. This time it was demonstrated that women had developed a belief in their right to control their fertility (Young &
Ware, 1979). As part of the project similar surveys were also conducted in Sydney (using group interviews) (Campbell, 1976) and Canberra (Cosford et al., 1976). These surveys found women were delaying their first child after marriage and that smaller families with two children had been socially acceptable (Campbell, 1976; Cosford et al., 1976).

In 1986, a similar survey, the Australian Family Project included a more geographically and demographically diverse group of women (and also surveyed men) (Bracher, 1987). The data collected were compared to previous studies, finding that desired family size had decreased slightly since the mid-1960s (from 3.2 to 2.8 children), and that achieved family size had declined more (Bracher & Santow, 1991). Reasons for this difference were speculated but the in-depth data necessary to understand what was happening had not been collected. Another study, using data from the 1981 census, concluded that the preferred context for Australians having children was within a nuclear family (Rowland, 1989).

Studies of fertility trends have frequently observed that women’s stated ideal fertility is usually higher than that achieved in countries with low fertility (Bongaarts, 2001; van Peer, 2002; Smallwood & Jefferies, 2003). Similarly, Australian women have been observed to have fewer children than they would have done if their childbearing was freely chosen (Weston et al., 2004; Holton et al., 2011). Hence it has been suggested that there is a “latent demand for children” (McDonald, 2002, p.7). The significance of these findings is that they bring into question the assumption of choice, already discussed, that is frequently made in fertility theory and more generally. However, the variables involved in fertility trends are often reported but without an attempt to collect data on the reasons behind the correlations (e.g. Spencer, 1971; Hugo, 1993; Jain & McDonald, 1997; McDonald, 1998; Kippen, 2003; 2004). For example, social (having an unplanned first child, being Catholic, not being in a previous defacto relationship) and demographic (mother under 28 when having second child, having a second child within two years of the first) factors were identified as being more important in determining who will have more than two children (Meyer, 1999) but the relationships were not explored any further. These studies were therefore unable to explain what is going on with any surety.
The *Fertility Decision Making Project*, a national survey conducted by the Australian Institute of Family Studies in 2003/2004, collected data on family size ideals, expectations of number of children, reasons for not wanting children and demographic factors associated with fertility. From the data it was concluded that not having children, or having fewer children than thought ideal, was not because they did not want children or more children respectively. Rather, there were other influences in operation. It was found financial factors and whether the person believed they and their partners were suitable parent material were the most important considerations when having a child (Weston *et al.*, 2004). The *Women’s Views on Children Survey*, conducted in 2001, produced similar findings. This survey was primarily interested in childlessness but nearly one third of participants had children (Merlo, 2004).

Other research has attempted to understand why particular family sizes are arrived at. For example, having more than two children has been associated with desiring a child of each sex (Evans & Gray, 2004; Gray & Evans, 2005; Kippen *et al.*, 2005; 2007). Having confidence in the ability to cope with another child was shown to be important in having a third child (Evans *et al.*, 2009). Additionally, Newman’s (2006) (mixed methods) doctoral study on family size looked at the effects of personal experiences and social influences on attitudes to childbearing. She particularly noted that childbearing and rearing experiences were often negative which lowered the desire for further children. Furthermore, the negative perceptions of childbearing and rearing were disseminated to other potential parents lowering the desire for childbearing in general.

Three major Australian qualitative studies which included women with children have provided more in-depth understanding of childbearing behaviour. Richards (1985) sought to gain greater insights into the degree of choice that was involved in having children and the basis for role division. This study found couples negotiated amongst a confusion of traditional and contemporary norms when having children and dividing roles (Richards, 1985). Maher *et al.* (2004) aimed to understand what was behind whether or not women (and men) had children. This study particularly looked
at the influence of social policy on their decisions, and concluded that women’s childbearing outcomes were the result of a complex negotiation process in which compromises were made. The negotiation involved various constraining factors including conflicting ideals and values. There was not an expectation that governments would address constraints; rather there was a perception that negotiating children, work and other aspects of life was a private concern (Maher et al., 2004).

The *Australian Family Formation Decisions Project* conducted in 2009 took a comprehensive look at childbearing decisions. It covered parenting plans before and after parenthood (from adolescence to recent completion of childbearing) and the decisions made around each parity progression. The project was a parallel investigation to a national survey, *Negotiating the Life Course*, and was aimed at obtaining more in-depth data on family formation using less structured interviews than the survey. It was found that when respondents answered questions on future childbearing plans they answered without much thought. The study concluded that childbearing plans were fluid and resulted from a negotiation process taking into account circumstances and experiences (Carmichael, 2013).

In addition, Australian women frequently still enter motherhood via an unplanned pregnancy (Maher et al., 2004; Carmichael, 2013). It has also been noted that women’s reasons for having fewer or no children has received plenty of attention but having children has not (Holton et al., 2011). Questioning that women have children at all has mostly been tackled in the literature around childlessness (e.g. Veevers, 1980; Campbell, 1985; Cannold, 2005; Wheeler, 2005).

In the United Kingdom Miller (2005) explored issues of agency in relation to motherhood. However, she looked at the transition to motherhood experiences rather than childbearing negotiations. Miller found that women’s experience of motherhood continued to be dominated by gendered expectations and that they were often unprepared for the reality of motherhood. She concluded the women made sense of motherhood by individually negotiating their own particular circumstances, their experiences and gendered expectations.
Fertility research has, therefore, been mainly been approached quantitatively. These studies uncover relationships but they do not provide insights into how and why women who have children have the number that they do. Moreover, they tend to simplify the research area rather than span its complexity. Qualitative studies have provided some more nuanced understanding about how women’s childbearing outcomes are arrived at. However, these studies have not gone into why women would want to have children at all. Three qualitative Australian studies and one UK study are relevant to women’s agency in regard to women’s (with children) agency around childbearing. But no previous study, to my knowledge, has fully encompassed the issue of agency that women with children perceive around their childbearing.

2.6 Conclusion
In this chapter I have outlined the significance of the issue of women’s agency in relation to childbearing and reviewed what was previously known. It was shown that women’s reproductive freedom is recognised as a fundamental human right and essential for gender equity. Explanations posited of women’s childbearing trends amount to a confused picture of choice and constraints. The plethora of theories proposed to explain fertility decline were reviewed and found to tend towards over simplification and mostly assume that childbearing was chosen to some degree. Yet, women are seen as not having as many children as they want. Women’s childbearing outcomes were seen to depend on their circumstances and overall fertility has then been seen as being determined by various social factors. Moreover, it was argued that assuming childbearing was simply chosen, disadvantages women by making them entirely responsible for outcomes without considering their circumstances. Exploring agency, rather than choice or decision making, avoids such assumptions and contradictions by taking into account the context in which childbearing occurs. The challenge that dealing with issues of reproductive freedom has presented for feminism was also reviewed. I have argued that tackling women’s reproductive freedom by exploring agency respects both women with and without children. Exploring agency is expected to address issues of gender equity by providing insights that allow women to make more informed decisions around childbearing and to better support women when they have children.
Similarly agency as central perspective was seen as missing from previous empirical studies of women’s childbearing. Quantitative studies may uncover relationships but fail to capture the complexity involved. The few qualitative studies provide insights into the complexity but have not focused on women’s agency.

It can be concluded then that women’s agency around childbearing has not been thoroughly explored and is incompletely understood. As such, I have demonstrated the need for a greater understanding of women’s agency around childbearing. Moreover, it has been shown that the research area is broadly relevant to demographers, policy makers and advocates for women’s rights and well-being.

The next two chapters outline the methodology used to explore women’s agency around childbearing.
Chapter 3: The research, the participants and me

There are no formulas for determining significance. No ways exist of perfectly replicating the researcher’s analytical thought process. No straightforward tests can be applied for reliability and validity. In short, no absolute rules exist except for this: Do your very best with your full intellect to fairly represent the data and communicate what the data reveal given the purpose of the study (Patton, 2002, p.433).

3.1 Introduction

This chapter reviews what I did and why. It provides information on the theoretical perspective, the methods used, the participants in the study, and my personal relationship with the research. I cover the steps I took in order to bolster the trustworthiness of my findings. My understanding of what I needed to do to ensure the quality of my research was informed by my training through an Australian Consortium for Social and Political Research Inc. course (Qualitative research: design, analysis and representation, Canberra, January 2008) and extensive reading about conducting qualitative research (particularly Lincoln & Guba, 1985; Glaser & Strauss, 2000; Ezzy, 2002; Patton, 2002; Liamputtong & Ezzy, 2005; Richards, 2005). The interpretation of qualitative data is heavily dependent upon context (Lincoln & Guba, 1985; Patton, 2002). I therefore have attempted to describe in-depth everything relevant to the research.

The first section of this chapter looks at why a qualitative approach using an interpretivist epistemology and feminist perspective was appropriate. In the second section, in recognition that I am part of the research, I describe my relationship with the research theme. The third section outlines the research design by describing what happened, where and the participants involved, and the fourth section reviews the ethical and contextual issues pertinent to this research, including research limitations.
Finally, I explore how the research methodology may have been improved with the benefit of hindsight.

3.2 Research approach

3.2.1 Qualitative research

As outlined in Chapter 1 the research questions were:

(a) How do women, with at least one child nine years or younger living in and around Orange, perceive their agency around childbearing and (b) how can this knowledge be used to inductively develop a conceptual framework of the perception of women’s agency in regard to childbearing?

Given the scope and aims of the research (see Chapter 1), qualitative methods were more appropriate than quantitative methods. Qualitative methods are most suitable for research where:

- the social context of individuals is pivotal (McDonald & Daly, 1992)
- there has been little previous research (McDonald & Daly, 1992)
- an in-depth understanding of a complex process is required (Griffiths, 1996)
- there is no good working model (Griffiths, 1996)
- understanding of the participants’ interpretation of the meaning is an aim (Liamputtong & Ezzy, 2005)

This study fitted all of the above criteria. Qualitative methodology also had the advantage over quantitative methods of allowing the participants to contribute themes I had not thought of which facilitated greater exploration of complexity (see Gillham, 2000).

I based my methodology on ‘grounded theory’. Grounded theory involves a number of cycles of question formulation, data collection, qualitative coding and literature review in order to inductively generate theory from the data (Glaser & Strauss, 2000). I used cycles of semi-structured interviews, focus groups and follow-up questioning. My methodology, however, differed from grounded theory because theoretical sampling (in which different groups are approached as theory is built) was not used and because I had broadly searched the literature and identified some research themes before data collection began. I believed the approach was suitable for researching
perceptions of societal pressure\(^9\) and how these pressures affected individual behaviour because work on stigma management among the childless (Park, 2002) used a similar methodology. As my research progressed it may be considered that I further departed from grounded theory by opting to build the themes identified in my research around criteria for agency I had identified separately (see Section 3.4.7, pp.55-56). I consider this method was most appropriate to answer the research question.

### 3.2.2 Theoretical perspective

The research was informed by an interpretivist epistemology which assumes knowledge of the world is affected by social setting; perceptions and experiences are relevant to behaviour and how people understand their behaviour (Schwandt, 2000). This epistemological stance matches the methodological approach and research aim which explored personal accounts of behaviour. I was interested in how the women in my study thought about their experiences and their interpretations of what they had been through.

Interpretivism assumes that researchers are part of the world they are observing and, as such, their perspectives and experiences influence the way the research is conducted and the findings (Finlay, 2006). Reflexivity is, then, important when working in the interpretivist paradigm. To identify my own subjectivity (my relationship with the research and any biases and assumptions) I kept a journal to record my ideas, feelings and responses to what happened during the study. This facilitated my reflexive thinking, necessary for interpretative rigour. It also provided a place to record the reasoning behind particular choices and decisions throughout the research (see Liamputtong & Ezzy, 2005). When analysing the data I have tried to represent the participants’ viewpoints and express the full range so that all voices are heard. In places I have discussed instances when the participants’ narratives challenged me. Nevertheless, as this is my research, I have made judgements about the overall interpretation and how the data were amalgamated and presented. Without

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\(^9\) Societal pressure is a force that influences behaviours, attitudes and encourages conformity which comes from other members of society (family, peers etc.). Having agency, the ‘power to act otherwise’ requires at least some ability to act independently of societal pressures.
doing so I would not have moved beyond description into analysis pivotal to good qualitative research (see Richards, 2005).

3.2.3 Feminist perspective

It was clear that the central topic, women’s agency, required a feminist perspective. Issues of women’s agency are at the heart of feminism (Hughes, 2002) and their agency around childbearing has been of particular concern (see for example, Friedan, 1976). The research was feminist not only because of the subject matter, but because it accords with a broad definition of feminism that:

…assesses what ails women, and goes deep into structures and societal attitudes to try to implement change (Dux & Simic, 2008, p.7).

Within this project I have related sociological theory to women’s lives, respected and given voice to women, taken social context into account, examined gender inequality and with the aim of improving women’s lives. My research, therefore, accords with published principles of feminist research (e.g. Offen, 1992; Thompson, 1992; Hesse-Biber, 2007; O'Shaughnessy & Krogman, 2012) in that assessing women’s agency around their childbearing by talking to women validates women’s experiences, taking into account social and political context and considering their societal position in relation to men.

3.3 A bit about me

In recognition that my experiences as a mother potentially influenced the way I conducted the research and interpreted the findings I provide some details of my background in this section.

My interest in the topic was primed by being a mother of two children. My children were born in 1991 and 1994 and so are now adults. I was born in England and had just arrived with my partner to live in Australia when I found out I was pregnant with my first child. My son was planned but I conceived much sooner than I had anticipated. I worked for a short while on a short-term contract in Melbourne prior to the birth. We moved to Orange for my partner’s job when our first child was about three months old. Orange did not offer me any attractive employment opportunities at that time. In large part because of these moves, but also because my partner voiced
reluctance to participate in a more shared arrangement, I became a full-time mother until my second child started school. I made the following journal entry at the start of the project:

I have two children. I delayed my own childbearing until my thirties and may not have had any if my partner had been less keen to have children. I perceive I had reasonable control or agency over my childbearing decisions. This control, I believe, was a result of effective contraception (and in the end a vasectomy) and the opportunities to pursue other possibilities in life other than just being a mother and a wife. I knew once my partner and I embarked on parenthood that we would have two. This is the result of listening to the zero population growth messages I grew up with in the 1970s and because of an impression that being an only child was not a desirable option. Those I knew when I was growing up appeared over indulged, spoilt and I would have guessed deprived of companionship. Nevertheless, my second pregnancy was not really planned; occurring soon after we made a decision not to have the second child at that time.

I have never terminated a pregnancy and have not had a miscarriage that I was aware of. My marriage ended during the latter half of my candidature.

As this research was unfunded (other than the University operating fund) I worked part-time throughout the research as a Research Officer doing work unrelated to my study. I believe that while studying part-time has its challenges, it has allowed me prolonged time to thoroughly engage with my data and to deliberate upon their meaning.

3.4 Research design
As mentioned in Chapter 1, the study developed from a Masters level project into a PhD and the focus of the research changed. The strategies outlined below reflect this shifting focus.
3.4.1 The research area

Orange and surrounding areas were selected for the location of the research because it included various population density environments (i.e. a relatively large regional town, smaller towns and rural areas) and because it was practical because I lived in Orange. Baum et al. (2005) defined Orange as a large ‘service based advantaged regional centre’ (non-metropolitan town or city with greater than 10,000 people) and provided a description of Orange:

Located 261 kilometres west of Sydney, the city of Orange is a substantial rural service centre… Orange’s industry base is significant and diverse, ranging from apples, through to whitegoods manufacturing, mining, tourism, agricultural support and research facilities, and it lies at the heart of some of New South Wales’ richest agricultural lands on the Central tablelands. Orange is one of the largest urban centres in New South Wales and is a significant regional employment centre.

According to the 2006 census (most relevant to the period of data collection) the population of Orange was 35,339 (ABS, 2007). Further characteristics of Orange’s population are compared to that of NSW and Australia in Table 3.1. The biggest areas of employment in Orange are manufacturing (15%), construction (12%), retail (10%), and public administration and support services (8%) (ABS, 2007). In the period of data collection, 2006 to 2008, Orange had a TFR of 2.02-2.17 and the Central West 2.06-2.17 higher than Australia as a whole (1.82-1.96) (ABS, 2009a).

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<th>Characteristic</th>
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<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age</td>
<td>36</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Aboriginal and Torres Strait Islander</td>
<td>4.4%</td>
<td>2.1%</td>
<td>2.3%</td>
</tr>
<tr>
<td>population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Born in Australia</td>
<td>86%</td>
<td>69%</td>
<td>70.9%</td>
</tr>
<tr>
<td>People who only speak English at home</td>
<td>92%</td>
<td>74%</td>
<td>78.5%</td>
</tr>
<tr>
<td>People whose highest level of schooling</td>
<td>52%</td>
<td>41%</td>
<td>38%</td>
</tr>
<tr>
<td>year 10 or below (people over 15, not</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>attending school)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family households</td>
<td>70%</td>
<td>67.9%</td>
<td>67.4%</td>
</tr>
<tr>
<td>Weekly median household income</td>
<td>$935</td>
<td>$1036</td>
<td>$1027</td>
</tr>
<tr>
<td>Family households managed by single-</td>
<td>12%</td>
<td>16.1%</td>
<td>15.8%</td>
</tr>
<tr>
<td>parents</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data source ABS (2007)
3.4.2 Sample Frame

The sample frame consisted of: women with at least one child of nine years of age or younger. All participants recruited lived in Orange or within a radius of 80km. The recruitment strategy was aimed at maximum variation to provide rich data (see Patton, 2002). The rationale for the sample frame is outlined in Table 3.2.

As discussed in Chapter 1, interest in the research area was stimulated by government efforts to encourage childbearing. In the initial stages of the project it was decided to concentrate on women’s explanations of their childbearing. I also noted that Maher et al. (2004) recruited relatively few men compared to women (14 men and 100 women) for their research which suggested that women were more likely to volunteer than men. Miller (2011b) also speaks of the “challenge” of recruiting men to this type of research (p.30). When developing the study for PhD it was decided to keep the sample frame the same and explore in more depth women’s agency (rather than attempting to include men or childless women) and to go more in-depth with as many as possible of the participants already involved. This decision was made because an in-depth understanding of the perceptions of women with children in regard to childbearing was seen as missing from the previously reported body of knowledge.

The limiting of this kind of research to women has been criticised. For example, Richards (1976) suggested that researchers who do not seek accounts from men justify it by assuming it is only women’s opinions that are relevant or that a woman’s opinion is identical to her husband’s or that her perception of her husband’s view is accurate. I understand Richards’ concern but I do not accept that I made these assumptions. I asked the women about their partners’ preferences and about how difficult it was for them to compromise if this was necessary. I therefore acknowledged men’s contribution and did not automatically believe their views to be the same as that of the mothers. I take Richards’ comment that the woman’s perception of her partner’s view may not be accurate and have borne this in mind when interpreting the data. Furthermore, as the research matured I became more convinced of the validity of not including men. As Parker (1995a), who also only included women in her research argued, women’s lives are much more affected by
becoming a parent than are men’s. Moreover, the agency of men over their childbearing is quite a different affair to the agency of women due to the differing biological role in reproduction and social expectations. That is not to say that men’s agency is of no interest but it would be a very different study. It is perhaps notable that Miller conducted parallel but separate studies on motherhood (Miller, 2005) and

<table>
<thead>
<tr>
<th>Sample frame criteria</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women with children</td>
<td>Research considers the perspective of women with children. The agency of childless women has been considered by previous researchers (e.g. Cannold, 2000). TFR shifts have been mainly due to smaller families – childless rate has remained relatively stable (Kippen, 2006). I felt that in the interview I would be more easily able to establish a rapport with other women with children. TFR measures women’s childbearing (not men’s).</td>
</tr>
<tr>
<td>With at least one child nine years or younger</td>
<td>Allowed the recruitment of women: • through primary schools • who planned to have more children and those who considered their family complete • currently experiencing the years when caring for children is at its most demanding.</td>
</tr>
<tr>
<td>Living in or around Orange</td>
<td>Pragmatic decision for one researcher based in the Orange area with limited resources. Schools in a wider area of the Central West of NSW agreed to carry advertisements however, only a few women living outside Orange responded.</td>
</tr>
</tbody>
</table>

3.4.3 Recruitment

Recruitment was mainly done through public schools in Orange and other towns in the Central West of NSW. Twelve public primary schools (Bletchington, Borenore, Bowen, Calare, Canobolas, East Orange, Millthorpe, Molong, Orange, Nashdale, Parkes, Wellington) agreed to either publish the recruitment advertisement (see Appendix A) in their newsletter or distribute it as a separate note. The use of public primary schools for recruitment gave access to a broad cross section of the community to include working and non-working women with appropriate aged children from differing socio-economic and cultural backgrounds and the small communities surrounding Orange. Advertisements were also posted on noticeboards.
and sent by group email to staff at the Orange university campus and run in the Orana Multiple Birth Group newsletter. At the outset it was also planned to recruit through Community Health Centres. However, although there was an initial indication that the Greater Western Health Authority would allow this to happen, the person who could grant permission for me to approach the health centres did not return any of my calls or emails. My Principal Supervisor also tried with no success and so this plan had to be abandoned.

### 3.4.4 Sample size

In total 26 participants were involved in the research. Patton (2002) argued that sample size was less important than the richness of the data, with the aim being to amass data rich enough to allow the research objectives to be met. Ideally sampling continues until redundancy when nothing new is observed. Redundancy is difficult to judge but in the first phase of the research, when around 15 interviews had been completed, I observed similarities between participants’ narratives. Nevertheless, in accordance with a maximum variation strategy, recruitment continued until almost all of the socioeconomic groups were represented (Table 3.3). I believe the discussion of the findings demonstrate that a great richness within the data was achieved. It was rare for all participants to have behaved in a particular way or to have held the same view.

**Table 3.3: Representation of socioeconomic groups within sample**

<table>
<thead>
<tr>
<th>Current workforce participation</th>
<th>Working</th>
<th>Not working</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of education</td>
<td>Post-school qualifications</td>
<td>No post-school qualifications</td>
</tr>
<tr>
<td>Post-school qualifications</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>No post-school qualifications</td>
<td>7</td>
<td>6</td>
</tr>
</tbody>
</table>

* unlikely to fill category  
Income categories: High = $1201 or more, Med = $501-$1200, Low = $500 or less
3.4.5 The participants

At the time of first participation the women had between one and six children. The age of their youngest child ranged from 12 weeks to 8 years, and the age at which they had their first child ranged from 21 to 42 years. The majority of these women came from a family with high or medium income, had post-school qualifications and/or worked at least part-time. All of the women’s partners were in paid work and were male. I did not ask about ethnicity but believe the women all had an Anglo-European background and none an indigenous lineage. English was not the first language of one participant but her partner was born in Australia. Briefly, the sample consisted of women who:

- were full-time mothers (6), on maternity leave (2), part-time employed (10), fulltime employed (4) or self-employed (4);
- were without post-school qualifications (7), with post-school qualifications below degree level (4), bachelor degree (8) or postgraduate (7);
- were in a family with a net income per week of: $1201 or more (13), $501-$1200 (11) or $500 or less (2);
- were married (20), in a defacto relationship (4) or separated from their partner (2);
- had a range of religious beliefs (Anglican (5), Catholic (6), other Christian faith (5), other religion (3) or had no religion (7))
- lived in Orange (18), in rural locations (6) or a small town (2) within the research area.

I have followed Cannold (2000) and provide details about how many children participants had, workforce status etc. in Appendix C rather than following each quote in the findings and discussion chapters with these details. However, when particular details are highly relevant to the discussion I do refer to them in the text.
Table 3.4: Comparison of the sample with the general population of women aged 25 to 44 in Orange, NSW

<table>
<thead>
<tr>
<th>Women aged 25-44 in Orange area&lt;sup&gt;1&lt;/sup&gt; (approx. %)</th>
<th>Participants in this study (approx. %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labour force participation</td>
<td></td>
</tr>
<tr>
<td>Not in labour force</td>
<td>24</td>
</tr>
<tr>
<td>Full-time employed</td>
<td>32</td>
</tr>
<tr>
<td>Part-time employed</td>
<td>31</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Married in a registered marriage</td>
<td>56</td>
</tr>
<tr>
<td>Married in a defacto relationship</td>
<td>8</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>No post-school qualifications&lt;sup&gt;3&lt;/sup&gt;</td>
<td>43</td>
</tr>
<tr>
<td>Advanced diploma, diploma and certificates I, II, III, IV&lt;sup&gt;3&lt;/sup&gt;</td>
<td>33</td>
</tr>
<tr>
<td>Bachelor degree&lt;sup&gt;3&lt;/sup&gt;</td>
<td>10</td>
</tr>
<tr>
<td>Graduate diploma, graduate certificate and postgraduate degree&lt;sup&gt;3&lt;/sup&gt;</td>
<td>0.04</td>
</tr>
<tr>
<td>Religious affiliation</td>
<td></td>
</tr>
<tr>
<td>Anglican</td>
<td>28</td>
</tr>
<tr>
<td>Catholic</td>
<td>34</td>
</tr>
<tr>
<td>Other Christian faith</td>
<td>19</td>
</tr>
<tr>
<td>Other religion</td>
<td>3</td>
</tr>
<tr>
<td>No religion</td>
<td>11</td>
</tr>
</tbody>
</table>

<sup>1</sup>Data source: ABS (2007)
<sup>2</sup>includes self-employed participants accordance with the number of hours worked
<sup>3</sup>calculated using the data set for women aged 25-44 with a “Non-school qualification level of education by age and sex” as a percentage of the total number of women aged 25-44 in the data set for “Highest year of school completed by age and sex”
When compared to data from the 2006 census (ABS, 2007) these women were reasonably representative of women in the Orange area 25 to 44 years old (see Table 3.4). Unsurprisingly, the sample was biased to women working part-time at the expense of those working full-time. Participants were also more likely to be married or in a defacto relationship than the general population; as there was a requirement for them to have had at least one child this is also to be expected. Religious affiliation was diverse although those with ‘no religion’ or ‘a religion other than Christian’ were over represented. This was possibly due to recruitment through public schools. In Orange there are two ‘Catholic’, one ‘Christian’, one ‘Brethren’ and one ‘Uniting Church’ private primary schools and there are no non-Christian private schools in the area. The women in the study differed most from the general population in their higher level of education, which may in part be due to advertising through the university campus; three participants were recruited via this source (I discuss in Section 3.5.5.2, pp.60-61 other reasons for this bias). No women with twins, triplets etc. volunteered despite advertising through the local multiple births association. Lesbians are also unrepresented.

3.4.6 Data collection

The data was collected in three phases comprising semi-structured interviews, focus groups and follow up interviews. Table 3.5 outlines the number of participants in each phase.
3.4.6.1 Phase one

In the first phase, face-to-face, semi-structured interviews were used, with this format being the most appropriate for exploratory research that attempts to understand the reasons behind decisions (Saunders et al., 2003). The interviews were designed to find out how women came to have the number of children that they did and their primary focus was on ascertaining the influences on mothers’ childbearing decisions, particularly the importance of choice and external circumstances. An in-depth understanding was facilitated by allowing participants to tell their stories, in their own words, enabling them to talk about what was important to them (see Ezzy,
Interview questions were composed with a series of possible follow-up questions (see Appendix C) which acted as prompts to ensure that all areas of the research were covered in the interview. Wording, order and inclusion were modified to suit each interview situation. This flexibility was necessary because of different interpretations of questions and the variability of encouragement needed to provoke participants to speak. Additionally, rapport was enhanced because I was able to respond to what the participants were saying and adopt language and terms they were using. A series of four pilot interviews (data not included in the study) were carried out to test questions and to practice data interview and data collection techniques.

Before the interview commenced volunteers were also asked to complete a short questionnaire (Appendix D) to gather background demographic data. The interviews lasted between approximately 50 minutes and 3 hours. A request was made to record the interview using a digital recorder to allow a full transcript to be prepared. In all cases permission was granted after its purpose was explained and being assured that I would be the only one to hear the recording. Notes were taken on the circumstances of the interview and non-verbal communication. Recording and transcribing interviews were desirable because it:

- allowed the voice of the participants to be heard by using direct quotes;
- provided more thorough documentation than notes alone;
- provided the opportunity for reanalysis of the data;
- was less intrusive to the establishment of rapport than the continual need to write (Liamputtong & Ezzy, 2005); and
- allowed better employment of active listening skills.

Nevertheless, note taking was invaluable as it: augmented the transcription data (see Richards, 2005), provided back-up in case of recorder failure and listening signals, and helped me to ensure all aspects had been covered (see Patton, 2002). Immediately after the interview the success of the recording was checked and additional notes made about the interview in general or when participants added interesting information after the formal interview finished. Transcriptions were made and checked for accuracy as soon as possible after the interview. In all cases this was within one week. Each participant was sent a summary of what I considered to be the
main points she had made within two weeks of the interview. The expediency aided recall and interpretation. Participants were asked for their responses to the summary in order to provide feedback on my interpretation and ensure it agreed with their own understanding. It also provided an opportunity for the participant to add anything she felt was relevant and an input into the analysis of her data in order to facilitate her voice being heard (see Ezzy, 2002).

After the interview I asked participants if I could contact them again in regard to my research, and all agreed. Depending on their contact preference, participants were invited by letter or email (see Appendix E) to take part in phases two and three. Fourteen participants replied and thirteen agreed to take part, however one did not attend the focus group that she said she would and made no further contact. This was taken to mean she had withdrawn from the research. Three additional participants were recruited via snowballing (i.e. via the active participants) at this stage.

3.4.6.2 Phase two
In the second phase, the focus groups concentrated on the participants’ perceptions of social norms\(^\text{10}\) and pressures and the biological drive to have children (See Appendix C for protocol). Focus groups were the method of choice because of their appropriateness for researching complex behaviour and motivation, stimulating discussion of ideas (Krueger, 1994) and for researching social norms (Bloor et al., 2001). I acted as facilitator. A digital recorder was used to record the discussion and each was transcribed in full. This record was backed up by a scribe who also noted body language and general impressions of how the group interacted. The venue was the Orange university campus and a finger-food lunch was provided at each session.

The possibility that participants conform with the rest of the group rather than expressing their own opinions (termed ‘groupthink’) has been seen as a major drawback of focus groups (Carey & Smith, 1994). I attempted to counteract any groupthink tendency by frequently asking for alternative opinions. Also the tendency

\(^\text{10}\) Social norms are behaviours with which the majority comply because of a belief in their correctness and their enforcement by informal sanctions (e.g. stigmatisation) (Gibbs, 1965; Fehr & Gächter, 2000).
may have also been lessened by asking participants to respect others differing points of view in my preamble (hence setting up an expectation that differing views would be expressed).

In planning the research I intended to run two focus groups with six to eight participants but had difficulty in finding times that suited enough participants. Therefore three smaller groups were conducted comprising five, three and three participants respectively. The last two groups were smaller than hoped because of participants failing to show up on the day; four and six participants respectively had agreed to attend. Two of these absentee were unable to attend because of illness; either their own or one of their children’s. Two participants did not attend because a suitable time could not be found.

The focus groups ran with varying success. The discussion in the first focus group was very good with everyone contributing but listening to one another. They asked each other lots of questions and there was plenty of laughter. I had to say very little to keep the discussion going or on track. This group stayed and chatted about the kinds of issues we had discussed well after the formal session was over. At the second focus group I unfortunately forgot to ask the participants to first introduce themselves. It was far less free flowing than the first. This may have been because of my mistake, its small size or the quiet demeanour of two of the participants. Additionally, the most vocal participant brought her along toddler (something I had hoped to avoid by covering childcare costs) who played quietly with some ‘Duplo’ that I provided and was no trouble. However, this participant may have been less focused than she otherwise would have been. This meant I had to intervene more to make sure all participants were heard and to keep the discussion moving. The third focus group also worked well, despite being the same size as the second; again there was plenty of laughter and I did not have to intervene much to keep the discussion going.

3.4.6.3 Phase three
The semi-structured interviews in the third phase covered similar ground to the focus groups but aimed at understanding the personal experience of the participant (see Appendix C for protocol). Also I took the opportunity to follow up or clarify points
they had made either in or of the previous phases. The participants were offered a choice of face-to-face or telephone interview. This was done out of respect for the amount of time they had already given. I also felt I had got to know the continuing participants well enough to conduct successful telephone interviews. One participant chose the telephone option. The format was the same as for phase one with the exception that I sent the participants a list of the topics I would cover prior to the interview to allow them time to reflect.

3.4.7 Data management and analysis

Transcripts were stored as hard copies and in electronic form in compliance with the University’s ethics requirements. Transcriptions were imported into the software package NVivo (QSR International) to aid data management.

Transcriptions, in their entirety, were read very many times and referred back to frequently throughout the analysis as were the annotations and memos I attached to the data. A combination of thematic and content analysis was used. Coding facilitates development of ideas by gathering together separate pieces of data and allowing complex relationships between data to be identified (Richards, 2005). Initially coding was an amalgam of content analysis and open coding to identify themes and concepts within the data. The open coding (Glaser & Strauss, 2000) was the dominant of these two techniques and entailed identification of common themes within the data. The content analysis used themes derived from the literature (Ryan & Bernard, 2000; Ezzy, 2002); data was looked for that supported or refuted findings from previous research (e.g. preference for sex of child). Later these codes were grouped when links between the codes were identified. This axial coding (Glaser & Strauss, 2000) is described in the next paragraph. The initial coding allowed me to see possible ways the writing up of the findings could be approached.

A major challenge I faced with my research was: How could I tell from what participants said whether they did or did not have agency? I therefore reviewed social theory in order to clarify my understanding of what was meant by agency. From this review I created criteria for assessing agency (see second part of the methodology, Chapter 4). These criteria are like a series of lenses through which I viewed the data. I considered how my codes fitted with the agency criteria and what the themes said
about participants’ agency. Codes were rethought, pulled apart and reconstructed. As I wrote I asked questions which I answered by going back to the raw data and by referring to related codes. The software’s ‘query’ facility sometimes helped in answering questions. For example, I ran a search to check I had identified all instances when participants had spoken about ‘guilt’. Hence, analysis was a series of cycles of coding/reading, writing/thinking and reviewing. I reread all the data and reconsidered my analysis in light of my journal entries (both in terms of ideas that I had as I conducted the research and my attitudes and assumptions) to check the story I had arrived at was consistent with the body of evidence and that I had fully taken into account my own preconceptions. Within the findings and discussions chapters I have extensively used participants’ quotes to illustrate points. As a further check of the trustworthiness of my findings I compared my results with published literature wherever possible. The comparison of my data with previous research within the combined findings and discussion chapters makes clear how my findings relate to the great diversity of literature. Ultimately, I inductively constructed a conceptual framework for women’s (with children) agency in regard to childbearing from the findings and consider the implications for social theory and fertility theory.

3.5 Ethical and contextual issues

In order to avoid exploitation of participants, ethical issues need to be fully considered (Thompson, 1992). As a feminist study ethical consideration was extended to the relationship between the participants, myself and the research (see Olesen, 2013). I have aimed to carry out the research with due consideration and respect for the women who so generously told me their stories and gave me their time. How this respect was afforded is outlined in this section.

3.5.1 Ethics approval

Approval to conduct the research was obtained from the University of Sydney’s Human Ethics Committee in May 2006 (Ref No: 05-2006/3/9147). Copies of the ethics approval and modifications are in Appendix F. The Orange university
campus\textsuperscript{11} was the most feasible venue for the interviews because the stringent rules of the university’s human ethics committee (see Appendix G) made home visits impractical. To avoid exacerbating recruitment problems and ethical issues no attempt was made to target particular ethnic groups, including those of identifying as Aboriginal or Torres Strait Islanders.

The women were fully briefed about the purpose of the research and what was required of them prior to their consenting to taking part in the research. There were two Participant Information Statements. One covered phase one and the other covered phases two and three. Participants that had taken part in phase one were asked to re-sign the consent form when returning for phases two and/or three. It was always checked with participants as to whether they had any questions about the research prior to their giving consent. They were also reminded they could withdraw from the research at any time. Copies of the Participant Information Statements and the Consent form are in Appendix H.

3.5.2 Risks and benefits

In the ethics application I estimated this research to be in the minimal risk category (rather than high, moderate or no foreseeable risk). This was because the data being sought was mostly of the kind frequently discussed openly amongst women but the questions may have distressed participants who had unresolved difficult issues related to childbearing. For example, they may have been reminded of abortions, miscarriages, death or sickness of children. It was impossible to predict the likelihood of these events but it was also envisaged that women with unresolved issues were unlikely to volunteer. If a participant had become distressed I would have terminated the interview and allowed the participant to recover. I had sought information brochures and contact phone numbers for the Department of Community Services (for domestic violence related issues), the Community Health Centres and SIDS and Kids NSW to hand to participants in case such matters arose. Whilst a couple of participants were teary during interviews, they were expressing their

\textsuperscript{11} Public venues (e.g. rooms in public libraries) in towns had been identified if participants further from Orange had been recruited. All participants who lived outside of Orange had regular business in Orange.
strength of feeling and were not distressed. What I found more difficult to know how to handle was one participant’s confessed severe self-abnegation and another participant's expressed subservience to her partner. I wrote about my feelings in my journal and debriefed with my principal supervisor.

Other than offering reimbursement of travel costs (often declined because of the short distance travelled) and, for focus groups, childcare costs, the participants received no payment for taking part in the research. I envisaged that participants’ well-being may have been slightly enhanced by taking part in the research as a result of being listened to and their ideas taken seriously. Indeed, my impression was that the participants enjoyed taking part in the research, especially the focus groups. In hindsight, I also think it was likely that, for those who had not finished having children, they more mindfully considered having further children. Additionally, it is also possible that participants may indirectly benefit if the findings help to inform policy and public debate.

3.5.3 Rapport

I believe being an insider, a mother, helped me establish rapport with participants as we shared common ground and helped in my understanding of what they were saying. When meeting a new participant I mentioned that I had two children. Rapport was aided at interviews by offering the participant a drink and biscuit and taking time to chat generally before the interview commenced. On each occasion I thanked the participants for their attendance and time, assured them there were no wrong answers, explained my research, what I was asking of them, and the vital role they were playing. During interviews I attempted to answer any questions that the participants had openly and honestly without influencing their own responses. I therefore tried to avoid in these replies anything that could be interpreted as a value judgement. Many participants shared very intimate details, evident in the findings, which suggested openness.

Orange is a relatively small town and so it is unsurprising I knew some participants and some participants knew each other prior to taking part in the research. I had previously met nine of the participants, mostly I would describe them as acquaintances but three I would call friends. Additionally, at the focus groups some
of the participants knew each other. In some instances this was known before they arrived because of recruitment via snowballing but in some cases it was coincidental. Some participants already knowing each other probably facilitated discussion. For the participants who took part in the follow-up interviews I met them on at least two or three occasions previously and they had become familiar with my research which aided ease of discussion. This repeated contact allowed me to ask about their responses on a previous occasion to ensure mutual understanding. Further, one participant revealed some intimate details at the follow-up interview which she would not have disclosed if only one round of interviews had been conducted.

3.5.4 Privacy issues

To protect the privacy of the women who took part in the research pseudonyms were used and names of family members and other identifiers removed from transcripts. Some of the data were collected in focus groups and therefore participants were reminded they could not be anonymous in this situation. As the focus groups were intended to collect data on the women’s perceptions of social norms rather than individual circumstances this was not seen as problematical. However, the small sample size and the fact that Orange is a small town may make it possible for attendees of a focus group to work out the pseudonyms of the other attendees. Therefore, to protect the participants’ anonymity I have omitted pseudonyms where the material was particularly sensitive (e.g. when discussing terminations) and when quoting focus group discussions. The need to be extra careful when dealing with small communities has previously been noted (Fraser & Alexander, 2006) and similar de-identifying strategies have been recommended (Damianakis & Woodford, 2012).

I transcribed the interviews, which provided me with an opportunity for early analysis and allowed me to assess my own interview performance and work at improving my techniques. I also believe that participants more readily agreed to recording because I did the transcription. This may have been particularly an issue for privacy protection because of Orange’s size.
3.5.5 Limitations

3.5.5.1 Social acceptability and self-deception

One of the problems associated with this kind of research is the tendency for participants to provide socially acceptable responses. This is probably unavoidable, given that in the interview setting participants’ stories may not be the same as they would tell under other conditions (Holstein & Gubrium, 1995; Warren, 2002). Moreover, participants’ stories must also be acceptable to themselves. Everyone deceives themselves to some degree about what happened in their past (Arras, 1997). People have a tendency to recall their past in a way that is consistent with their present perceptions of themselves and their beliefs (Ross, 1989; Ross & Newby-Clark, 1998). Importantly, in the context of this research, women tend to present themselves as having agency (Chung, 2005; J. Baker, 2008). Admitting a lack of agency may result in a ‘loss-of-face’ as undertaking the identity of victim is socially and personally undesirable (Barnes, 2000). Women who perceived they had little agency are unlikely to have volunteered for this research (discussed further in the next sub-section).

I attempted to put participants at ease, asked mainly open questions and avoided judgemental reactions; this may have encouraged openness and honesty (Holstein & Gubrium, 1995; Platt, 2002; Kvale & Brinkman, 2009). Furthermore, the consistency of each participant’s responses was examined and when contradictions occurred they have been noted and the reasons for them considered and discussed in the findings. Working within an interpretivist framework I did not see the ‘revising’, or rationalisation, of personal histories as problematical as I was not assuming an objectivist epistemology with the aim of uncovering ‘the truth’. This research focused on the women’s perspective of their agency at the time of data collection. Nevertheless, my impression was that the women tended to be remarkably candid.

I have tried to avoid portraying any of the participants’ perceptions as ‘false consciousness’ (i.e. misguided). Where my interpretations differ from what individuals said at times I have attempted to consider the array of evidence from other participants. In any case I do not simply discount any perception as being
merely misguided. For example, I am acutely aware that feminist and sociological theory frequently considers the biological drive to have children as a social construct. In this research, because of the participants’ perspectives I allow for the possibility that childbearing is biologically driven. To do otherwise, I believe would misrepresent the participants (see Thompson, 1992).

3.5.5.2 Sample bias
The reliance on volunteers by definition means the sample was self-selected. As already discussed this almost certainly means that those with the greatest perception of agency were most likely to volunteer. It also means that some participants may have volunteered to make a particular point. This situation was unavoidable because I had no prior association with a suitable organisation and in order to meet ethical requirements.

As discussed above all participants were heterosexual, probably with an Anglo-European background. Findings of this research, therefore, may not be representative of lesbians and women from other ethnic backgrounds. Additionally, participants tended to be more highly educated than the general population. This bias is likely to have implications for their perception of the choices they can make and constraints to which they are subjected particularly at the nexus of workforce participation and motherhood. Richards (1985) observed that those in her study with greater educational attainment tended to critically appraise norms more but found little class difference in responses and language. It may be that those with higher education are more likely to volunteer because they find taking part in university research least intimidating, are most willing to reflect on their behaviour and have a belief they have something worth saying. The necessity of this belief for volunteering was made clear to me when Penny (no post-school qualifications) told me about her reclaiming her own identity (see her quote pp.237-238). She concluded:

And that is why I wanted to take part in this research. A little while ago I would have just let it pass, thinking I had nothing important to say, nothing of interest.

James (1992) discussed this need for self-esteem and surety of identity to be able to put forward one’s own views and have the confidence to participate in political life. Similarly this can be applied to participating in research projects; volunteers are to
some extent demonstrating their sense of agency by volunteering. This is demonstrated by what Penny said. Therefore, it is likely that participants are amongst those with highest levels of agency. I have kept this in mind when interpreting the data and drawing conclusions.

3.5.5.3 Research effect
The very act of conducting this research may have affected participants’ agency. Miller (2005) previously noted that taking part in qualitative research encourages participants to be reflexive. It was identified above that participants possibly gained from the research by their agency being enhanced by this reflexivity. I have taken this into account when discussing the findings.

In undertaking any research, it is necessary to break issues down and limit what is looked at, giving rise to a tendency to simplify complex issues. Clearly, it is possible that there are many other factors (e.g. psychological problems, addictions, homelessness) that may have influenced women’s childbearing that I have not explored in this thesis. In regard to what was explored in this research I was guided by the dominant literature around childbearing and the responses of the participants. I am also aware the breaking-up of agency into criteria for viewing the data is a process that simplifies the complexity of agency.

3.6 If I could turn back time
In this section I reflect on how I conducted the research and what I would change if I had my time over again.

The rapid acceleration of online communication means that had I been starting the project today I would have at least considered approaching the data collection differently. Recruitment could have been attempted via websites likely to attract women who are considering starting a family or who find themselves with an unplanned pregnancy. Participants could then have been asked to keep a blog or journal and/or participate in online chat rooms. Given that I was enrolled part-time this approach may have been feasible. However, online recruitment would have meant this was not a local study. A geographically broader sample frame may have affected findings.
Overall I think the richness of the data shows that a diverse group of women were recruited, although, more women from low-socioeconomic backgrounds may have further enriched the data. I am unsure how this could have been managed given that this is a usual pattern in research involving volunteers. It was apparent that my advertising through some schools produced no responses at all, including those that serviced predominately low-socioeconomic areas. Perhaps if I had tried to establish a stronger link with schools by seeking permission to attend and address their ‘Parents and Community’ meetings I may have had more success in generating interest in my research. It would have at least given me some control in making sure my research came to the notice of some parents. As it was I had no way of checking that my advertisements had been handed out or published in newsletters.

Conducting interview rounds over longer periods, would have allowed more analysis and writing between interviews. This would have enhanced my ability to modify interview questions as my thinking developed and given me a greater chance to see the data I was missing. For example, it would have been more informative if the interview schedule had included questions on contraceptive use and why particular methods were adopted or rejected. It would also have been better if I had followed up, where applicable, how women had addressed fecundity difficulties and how reproductive interventions and their partner’s role were perceived.

3.7 Conclusion
This chapter has discussed the methodology used in this research in order to demonstrate the rigour applied to enhance trustworthiness of findings. My approach and position in relation to the research was sketched out and ethical issues considered.

The research relied on a small sample of self-selected participants. As a collective they differed from women of their age in the general population mainly by being more highly educated. Nevertheless, there was diversity within the sample, and the participants probably reflected a reasonably ‘typical’ group of women with children living in the Orange area. The use of semi-structured interviews and focus groups was in accord with the epistemology and the exploratory nature of the research. As
participants volunteered for this research and because they had higher levels of qualifications they were expected to be amongst those with a high perception of their own agency. As this study was informed by an interpretivist epistemology this was not considered problematic but was taken into account when analysing the findings and drawing conclusions.

My approach to the research and methods used has been justified as the most appropriate to answer the research question and to maximise trustworthiness of findings. I have laid the foundations for demonstrating that I have complied with the spirit of Patton’s rule for conducting qualitative research quoted at the top of this chapter. I believe that this is demonstrated throughout the thesis.

In the next chapter I outline the agency criteria I have used in the analysis and how they were derived from social theories relevant to agency.
Chapter 4: Laying the theoretical groundwork

It is my opinion that as sociologists we do a disservice to our discipline if we rigidly appropriate any one theoretical perspective in our analysis of any human phenomenon. Recent theorizing in the disciplines of physics, philosophy and theology suggest that both the cosmos and the individual human being do not obey the rules set down by their disciplines (Wearing, 1998, p.X).

4.1 Introduction

The purpose of this chapter is to review the literature relevant to agency in order to define the set of criteria used to assess whether or not participants’ accounts of their childbearing contained evidence of agency. Hence, the chapter is an extension of the previous chapter that outlined the research methodology. ‘Agency’, despite having been extensively discussed, is without a clear and consistent sociological definition (Emirbayer & Mische, 1998; Hitlin & Elder Jr, 2007). As agency is the central concept of this thesis it is therefore vital I first define and set out the criteria for recognising agency by reviewing the relevant literature.

Agency coupled with structure is a pivotal concept of sociology. Sociological theories treat agency and structure as either a dualism or as a duality. Dualism theories explain human actions as largely being either the result of individual agency or of social structure. According to duality perspectives, agency and structure are interdependent and both are involved in human actions. ‘Structure’ refers to patterns of social organisation but, like agency, has not been concisely defined and can mean different things to different people (Sewell, 1992; López & Scott, 2000). The broadest concept of structure encompasses cultural (e.g. values, gender roles), relational (e.g. employer/employee, mother/child, them/us) and institutional (e.g. economic, government, families, religions) structural forces (López & Scott, 2000). Giddens (1984) defines structure as societal rules and resources which seems to be
consistent with the broad interpretation of structure. In this thesis when I refer to structure, social context or social influences they are meant to potentially involve cultural, relational and institutional forces.

In contrast to the sociological perspective, biologists assert human actions are rooted in inherited traits (i.e. biological determinism). From sociological and biological points of view there has been debate around the relative importance of nature and nurture; these have mostly been separate from the structure and agency debate. Indeed, although many would hold that nature and nurture are involved in dispositions\textsuperscript{12} and behaviour the possibility of biological influences tend to be overlooked by sociologists; areas of overlap tend to be investigated by socio-biologists. Yet, women’s agency in regard to childbearing cannot be fully explored without biological influences being considered because of their prominence in everyday communications in relation to women’s childbearing, and as will become apparent, in the participants’ narratives in this study.

In addition to sociology and biology other disciplines have attempted to understand and explain human behaviour. In recognition of the complexity of and difficulty in understanding human behaviour (Ajzen, 1991) and to gain a broader range of insights into thinking relevant to agency I also consider philosophical and psychological perspectives. These other disciplines often share aspects of sociological theory or have concepts similar to agency and structure. Indeed, Giddens (1982), in relation to agency, pointed out the common ground between sociology and philosophy, and social psychology is a recognised branch of psychology. Wearing (1998) believed it was desirable to draw upon multiple perspectives for her feminist work on leisure theory (see quote at head of this chapter). She called this multiple perspectives strategy a ‘neo-pragmatic approach’. Wearing argued that such an approach was appropriate for tackling issues of agency and structure from a feminist perspective and may bridge divides in feminist thinking. However, Wearing considered her data in relation to each perspective in turn whereas I use multiple perspectives to construct an integrated view of agency. I perceive my approach is analogous to that of Young (1990) who used ‘five faces of

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\textsuperscript{12} Dispositions are attitudes, proclivities or penchants that guide actions.
oppres’sion’ to assess whether individuals or groups were oppressed, in that I construct criteria that I use to analyse my data for evidence of perceived agency.

In this chapter I review literature relevant to agency. Biological, philosophical, psychological and sociological perspectives each have a section devoted to them. Where appropriate I relate how theories have been applied to women’s childbearing behaviour. Feminist perspectives in relation to each perspective are outlined. The last section outlines the agency criteria that I use for analysing my data.

4.2 Biological perspectives

A wide range of human behaviours including reproductive behaviour, at least in part, have been considered by biologists to be biologically determined (Alexander, 1980). Usually human traits and behaviours have been explained as being the product of a combination of genetics and social context; nature and nurture (Davis, 1975). For example, Rossi (1977) thought parenting was best understood as biologically and socially influenced, arguing that gendered biological predispositions were often reinforced by socialisation13. According to this perspective, ignoring biological or social influences provides an incomplete understanding of human behaviours and outcomes (Davis, 1975).

On the other hand, some biologists have given biology primacy because they understand the social nature of humans is genetically determined (Berger & Luckman, 1966; Wilson, 1978). For example, according to Alexander (1980), culture:

represents the collective effect of all individuals trying as best they can to match their perceptions of their own best interests.... human individuals like other organisms, have evolved to interpret their best interests (not necessarily consciously) in terms of reproductive maximization (p.142).

The biological perspective does not tend to allow much room for agency. Nevertheless, Wilson (1978) argued that behaviour had genetic underpinnings but

13 Socialisation is learnt behaviour and predispositions through a process of social practice and experience in which social values and norms are internalised.
individuals also had a degree of agency. He suggested the individual “leans toward one option as opposed to others and urges the body into action according to a flexible schedule” (p.67) and by reflecting on the past and future freely makes decisions.

According to the biological perspective, it has been hypothesised that childbearing behaviour should reflect the strategy that best ensures the ongoing survival of genes. However, reported fertility trends in countries such as Australia (see Chapter 1) appear to be inconsistent with optimal reproductive strategies (i.e. they are maladaptive). It has been reasoned contemporary maladaptive reproductive traits predominate because human evolution occurred in a very different environment to the modern technological world with too few subsequent generations for appropriate traits to have evolved (Irons, 1983; Dawkins, 1986; Borgerhoff Mulder, 1998). Irons (1983) argued that in traditional societies additional children increased personal well-being (or social status) and the well-being of existing children, which favoured maximisation of fertility. Conversely, he contended, in modern societies greater investment is required by parents to provide their children with a good quality of life and so additional children are detrimental to the welfare of existing children. Alternatively, Trivers (1972) posited that women’s and men’s best reproductive strategies differed because their investment in children differs. For women the best strategy is to have few children and ensure each reaches maturity; while for men the best strategy is to maximise sexual intercourse. It is therefore argued that the push for gender equity in modern societies which requires men to increase their investment in their children has contributed to fertility decline (Barkow & Burley, 1980). Abernethy (1999), on the other hand, dismissed the maladaptive thesis. She suggested instead, that fertility decline was a correction to align childbearing with true resource limitations after modern technology had produced a false impression of resource abundance.

Regardless of the biological rationale argued, childbearing behaviour is regarded as biologically determined. Biological determinism or essentialism (i.e. attributes and behaviours are inherent) has posed a particular concern for feminism because of the implication that the female reproductive role and associated nurturing of young children is natural and therefore immutable. Feminists have tended to argue against
any hint of biological influence (Moi, 1999), often representing gendered characteristics as wholly the result of socialisation (de Beauvoir, 1953; Wittig, 1981; Butler, 2006). Fine (2010) mounts a particularly reasoned counterargument against claims that aptitudes and behaviours are differently inherited according to sex.

However, some feminists allow for some recognition of biological influence. For example, feminists often acknowledge the biological facts of reproduction as part of the context in which women are defined and constrained (e.g. de Beauvoir, 1953; Mitchell, 1971) leading some to advocate women eschew childbearing (e.g. Firestone, 1979; Allen, 1983). Furthermore, Braidotti (1989), McNay (2000) and Moi (1999) suggested the sexed body is part of the context in which identity is formed and behaviours occur. Additionally, Wolf’s (2001) experience of pregnancy contradicted her former belief that nurturing proclivities in women were socially constructed.

Furthermore, the concern for Moi (1999) was biological determinism (which she equates with dictation of heterosexuality and gender roles) but not biological facts. She therefore saw no problem with essentialism as long it was not linked to gender. The possibility of an inherited biological drive and caring instincts should not then be problematical for the feminist perspective as long they are seen as applying to women and men. Indeed, evidence has been found that men respond to their partner’s pregnancy by producing hormones associated with caring behaviours (termed the Couvade Syndrome) (Storey et al., 2000; Brennan et al., 2007). It has even been observed that men may be capable of breast feeding, given the right stimulation (Diamond, 1995; Swaminathan, 2007). What this opens to question is: Would 'good fathers’ be more like ‘good mothers’ (see Chapter 2) if these inherited traits were socially encouraged in men in the same way as they are encouraged in women? In the context of this thesis, given that it is women who bear children and that childbearing is dependent on fecundity, it is assumed that gender, and the biological context beyond gender, have implications for agency.
4.3 Philosophical perspectives

Thinking about behaviour in general, philosophers have discussed free-will and determinism rather than agency and structure (see Strawson, 1986; Honderich, 1996; Gomes, 2007, also *Philosophical Studies*, 1994, v75 special issue on free-will and determinism). Philosophical proponents of free-will viewed behaviour as voluntaristic (i.e. free of constraints), whereas those who advocated determinism argued human actions resulted from antecedent factors. Some, incompatibilists, held the view that free-will could only exist if determinism did not (e.g. Van Inwagen, 1975; Warfield, 2000; Beebee, 2003). Others, compatibilists, argued that determinism did not preclude free-will (and *vice versa*) (e.g. Strawson, 1986; Honderich, 1993; Usher, 2006). The problem some philosophers saw with an incompatibilist’s view of determinism, is that without free-will individuals could not be held responsible for their actions; they can neither be blamed nor rewarded for them, and a state of hopelessness was created, leaving people devoid of motivation to strive for betterment (Honderich, 1993).

Using responsibility for actions as a measure of free-will, Usher (2006) argued that free-will required actions to be intentional with a particular goal in mind (are reasoned) but did not necessarily require the ability to have acted otherwise. He also asserted the level of agency of individuals within a population may be inferred by the diversity of that population; a high level of diversity was indicative of a high level of agency.

Others considered some level of choice was necessary to act freely (Hayek, 1960; Hitlin & Elder Jr, 2007), although the number of choices available was considered less important than an individual’s ability to choose without being manipulated (Hayek, 1960). For compatibilists, the ability to act freely did not require a lack of social influences but it did require freedom from coercion (Hayek, 1960; Friedman, 2003; Usher, 2006). Antecedents that lead to a change of mind are not perceived as coercive, whereas forces that lead an individual to act in a way that they do not identify with, are (Dworkin, 1970).
Within philosophy, discussion of autonomy provides the most useful material for furthering understanding of agency. From a feminist perspective, Meyers (1989) distinguished between free-will and autonomy arguing that the former required individuals unaffected by socialisation while the latter did not. She viewed all socialisation as coercive but contended that coercion was not necessarily problematic for autonomy, depending on whether it was viewed as indoctrination or education. Socialisation that indoctrinates constrains agency but socialisation that promotes awareness of available options facilitates agency (Usher, 2006). Moreover the skills for autonomy were understood to be socially learnt (Meyers, 1987; Barclay, 2000; Friedman, 2003).

Meyers (1989) defined autonomy as a competency that involves behaving in accord with the ‘authentic self’ s’ life plan. By authentic self she means a sense of self that forms a coherent whole free from widely conflicting preferences. It follows that autonomous individuals, when exposed to contradictory influences, do not change their minds about their values or beliefs and do not radically alter life-plans (Meyers, 1989; Friedman, 2003).

An awareness of the available choices and a perception that these options are accessible was also perceived as necessary for autonomy (Friedman, 2003). However according to Meyers (1989), single actions of an individual may not be chosen (thus individuals may lack autonomy at times) but, as long as actions are not contrary to their life plan, overall the individual may still be autonomous. Similarly, Friedman (2003) argued that it was possible to forego future autonomy without compromising overall autonomy. Such that, women may follow a ‘traditional’ life plan (i.e. marry, bear children and give up work to care for them) and still be autonomous. Autonomy is preserved so long as women make up their own minds by reflexively critiquing that plan in consideration with alternatives and knowingly enter restrictive arrangements (Meyers, 1987; Friedman, 2003). Therefore, an autonomous individual has the capacity to withstand social pressure (Meyers, 1989; Friedman, 2003) and reflexively appraise social context and how it affects their attitudes and behaviours (Meyers, 1987; Abrams, 1999; Barclay, 2000). The autonomous individual also
retrospectively assesses whether intentions were achieved, recognises when they are dissatisfied and takes remedial action (Meyers, 1987).

In relation to assessing past actions, Meyers (1989) suggested that acting in disharmony with self-identity or self-concept provoked negative feelings such as regret, shame, embarrassment and disgust. However, Meyers (1989) also perceived that individuals did not often critically appraise their actions until they become problematic. As a result when dissonance or disharmony occurs, such as when preferences conflict, autonomy may be heightened. Nevertheless, in regard to reproductive decisions, Meyers (2001) found that most women lacked autonomy in regard to childbearing. In summary, autonomy for Meyers entailed a unified sense of self matched with a life plan, self-definition, independence of mind and critical reflexivity (i.e. introspection). However, these criteria for autonomy have not been universally accepted. The existence of an authentic self and the possibility of self-knowledge are contested, because individuals have the capacity to deceive themselves about what they are doing and why (Grimshaw, 1988).

4.4 Psychological perspectives

To explain human behaviour psychologists focused on conscious and sub-conscious individual internal processes, variously taking environmental and biological influences into account (Ajzen, 1991; Rohall et al., 2007). For example, the degree to which children were wanted was perceived as being dependent upon the psychological benefits a child would satisfy compared to the costs they would impose (Hoffman & Hoffman, 1973; Townes et al., 1980; Sarantakos, 1996). The benefits of children to parents have been listed as providing adult status and social identity, increased sense of self (providing immortality), compliance with social norms and mores, a tie with a group (affiliation), stimulation and fun, sense of accomplishment and creativity, sense of power, a means of comparison with others, economic utility, love and affection, life enhancement and fulfilment of biological needs (Hoffman & Hoffman, 1973; Sarantakos, 1996). Some costs are in the same areas as benefits. Children were perceived as being detrimental economically, personally (due to stress and work overload), emotionally, maritally (can inflict stress in personal relationships), socially, physically and to careers (Sarantakos, 1996). The
consideration of psychological motives assumed choice and intention but also some structural constraints.

Alternative to the costs/benefits view of childbearing, Deutsch (1945) and Benedek (1968) believed it was inevitable that women had and cared for children due to innate feminine traits, such as passivity, masochism, narcissism and subservience. In contrast to the perception that women are narcissistic, as discussed in Chapter 2 Gilligan (1982) perceived that women were distinct from men by having an ‘ethic of care’; it is unclear whether Gilligan perceived women’s orientations as innate or socially learnt. She has been criticised by other feminists for linking women’s behaviour to intrinsic gender differences that perpetuated gender inequity (e.g. Code, 1991; Wearing, 1998; Summers, 2002).

4.4.1 Psychoanalytical perspective

Sigmund Freud’s account of behaviour also suggested a complex mix of biological underpinnings in combination with unconscious processes and socialisation. Freud famously declared “Anatomy is destiny” (Freud, 1961, p.178). Yet, Freud (1959) concluded that the desire for children was not biologically driven but that there was a biological drive for sexual pleasure. He also challenged the notion of inherited gender traits. For example, he concluded it was inaccurate to equate femininity with passivity, arguing instead that passivity was socially learnt by women (Freud, 1973). He believed that the desire for motherhood was psychologically driven as a consequence of lacking but desiring a penis, such that a baby was a penis substitute (Freud, 1961). Freud’s explanation may have been meant symbolically rather than literally but it still suggested that women’s desire to reproduce resulted from their lack of male genitalia, and hence, had a biological basis.

From a psychoanalytical perspective, Horney (1924) clearly believed that for psychologically ‘healthy’ women childbearing was biologically driven. She considered that motherhood was such a natural preordained state for a woman that any woman who did not want to be a mother had a psychological disorder. Some feminists have extrapolated from Freudian psychology. Dinnerstein’s (1976) and Chodorow’s (1999) psychoanalytical interpretation focused on socialisation (particularly the relationship between the child and mother and cultural influences) to
explain behavioural gender differences related to bearing and nurturing of children. On the other hand, Freud and his followers have been criticised by some feminists for the disempowering picture drawn of women (e.g. Badinter, 1981; Irigaray, 1985; Oakley, 2005). For example, Oakley (2005) says Freudian psychology in conjunction with biological determinism "reduced women to weepy uteruses on legs, ill fitted for most forms of public life" (p.3).

4.4.2 Theory of planned behaviour

The theory of planned behaviour assumed rationality (Ajzen, 1991) and hence agency around behaviours such as childbearing. According to this theory intentions precede actions and are believed to be good predictors of behaviour (Ajzen & Fishbein, 1973; Werner et al., 1975; Ajzen, 2002). The theory predicted that intentions will be acted upon given the right circumstances and adequate control over behaviour (Ajzen, 2002). Intentions were understood to be shaped by: attitude toward a particular behaviour (such as having a baby), perception of social pressure to behave in that way, perceptions of behaviour control (Fishbein, 1972; Ajzen, 1991; 2001), and reasoning for and against an action (Westaby, 2003). Martin Fishbein (1972) attempted to use this model to explain childbearing behaviour. However, the association between childbearing intentions and behaviour was found to be tenuous, leading to the conclusion that childbearing behaviour was either non-volitional or childbearing intentions were unstable (Fishbein & Jaccard, 1973).

4.4.3 Warren Miller

Miller (1992; 1994a) also sought to garner a psychological understanding of childbearing behaviour. Miller found that the motivation to bear children was partially but indirectly genetically inherited via a number of different traits that led individuals to want to care for children. In his view these traits were biologically based but also influenced by adolescent and adult experiences and developed differently in men and women (Miller, 1992). Miller (1994a; 1994b) outlined a childbearing behaviour model in which childbearing motivations were activated (by a process involving personality and values) which shaped desires which, in turn, influenced intentions that were translated to behaviour. The model predicted that childbearing desires would be affected by other desires and psychological reactions (satisfaction/dissatisfaction) to roles relevant to childbearing (Miller, 1994a). Further,
desires were presented as being moulded and constrained by the desires of partners and others in the family (Miller, 2004) and circumstances (Miller, 1994a). According to this view childbearing intentions represented desire and commitment to a decision to have a child “constrained by reality” (Miller, 1994a, p.228). So that significant events such as marital breakdowns and unplanned pregnancies potentially changed intentions and fecundity issues could thwart intentions (Miller, 1994a). Similar to the theory of planned behaviour, Miller’s model presented childbearing behaviour as reasoned and predictable, describing intentions as antecedents and good predictors of behaviour.

4.5 Sociological perspectives

4.5.1 Structuralism

Structuralist theories give primacy to social structure as determining human behaviour. Within structuralism individual agency was viewed as an illusory social construct (Durkheim, 1985a; Meyer & Jepperson, 2000). Structuralism may also refer to a largely French perspective that focused on patterns within language and thoughts, of which anthropologist Lévi-Strauss was a major proponent (Wallace & Wolf, 1995). Lévi-Strauss (1971) observed that while all cultures had defined gender roles, the labour considered appropriate for each gender varied across cultures. Anthropologist Margaret Mead, in her study of sexuality in adolescents in Samoa also adhered strongly to the premise that actions were determined by culture (Freeman, 1983). However in later work, Mead (1967) reached the conclusion that gender was culturally defined but that there were some fundamental biological differences between the sexes. Nevertheless, she perceived the desire for motherhood was socially learnt (Mead, 1967).

Socialisation has become a common theme in work by feminist authors. For example, de Beauvoir (1953) argued socialisation determined what women were and how they behaved. On the other hand, other feminists have argued that women can be agentic and that structure may actually facilitate rather than constrain agency.14

14 To be agentic means to have the power to act in manner different from that dictated by societal rules.
For example, introspection has been encouraged as a feminine trait and is perceived to enhance agency. Women may, therefore, have greater agentic capacity compared to men in some respects (although this capacity is not necessarily exercised) (Meyers, 1989).

4.5.1.1 Functionalism

Functionalism is a branch of structuralism which has particular relevance to gender roles and therefore women’s agency around childbearing. Functionalists, such as Emile Durkheim and Talcott Parsons, believed that people behave according to their role or position in society (Parsons, 1953; Durkheim, 1985b). According to the functionalism perspective structure, particularly social norms as well as values and attitudes, mostly facilitate social order (Parsons, 1953; Durkheim, 1985a). For example, the smooth operation of families has been presented as the reason for, and the result of, the division-of-labour according to gender. Functionalists viewed the allocation of tasks as being due to biological differences reinforced through socialisation (Parsons & Bales, 1955). To elaborate, women have been perceived as essentially passive and therefore more likely to be in ‘expressive’ or emotionally oriented caring and supportive roles. In contrast, men have been seen as intrinsically active and therefore inclined towards ‘instrumental’ roles that involve rationality and reasoning (Parsons, 1955a). The assumption of gendered roles in functionalism has not been well accepted by feminists because they assign women to powerless roles within the home (e.g. Walby, 1990) but they have favoured other areas of structuralism.

4.5.1.2 Marxism

In contrast to functionalism, Marxism (another branch of structuralism relevant to women’s agency) portrayed modern social structure as dysfunctional or in conflict, due to the uneven distribution of capital or resources. The economic and class structures, therefore, benefited the elite but disadvantaged most people (Marx, 1956). Marxist theory has informed classical Marxist, radical and socialist feminism (Wearing, 1996).

Furthermore, de Beauvoir (1953) perceived that women were denied agency due to gendered expectations and exclusion from an economically active role in the public
sphere. In addition, the premise that wage earning was necessary for agency has not been agreed upon by all feminists. For example, Meyers (1989) argued that while economic independence enhanced autonomy, it is not always essential. Alternatively, Young (1995) argued that while economic independence was not essential legal protection was needed for those who were not. Archer (1982) criticised Marxism and functionalism for negating the possibility of agency.

4.5.2 **Max Weber**

Max Weber (1964; 1976) diverged from the structuralists by perceiving individuals had agency. For Weber (1976), society was an abstract concept useful for generalised descriptions but only individuals really existed. According to Weber’s (1964) *action theory* there were four types of social action (i.e. that had meaning for the individual): rational goal driven behaviour where the means of achieving the goal was chosen; actions followed because of consciously held beliefs and values rather than for individual gain; behaviour driven by emotions; and behaviours followed because of traditions and customs.

Weber perceived the first type of social action had become more important in modernity (i.e. since the Industrial Revolution). He considered that the division-of-labour, inherent in industrialisation, gave individuals control over their working lives. According to this theory, the workers of modernity were able to choose the work they did and how hard they worked (Weber, 1964). Independence and the ability of the individual to make decisions according to their own interests (i.e. individualism) and rational reasoning were, therefore, encouraged. Thus, the agentic ‘rational man’ of *rational choice theory* was born.

Rational choice theory, mostly associated with economic reasoning, asserted people chose to act in ways that maximised their well-being (reflecting Weber’s first type of social action). This kind of emphasis on choice and agency has been criticised for failing to sufficiently take into account effects of social structure (Berger, 1991; Jones, 1997). Additionally, representation of a self-interested individual divorced from society has been criticised for over simplifying and brutalising human behaviour (Sen, 1977; Archer, 2000).
From a feminist perspective the main criticism of the individualism and agency of Weberian theory was that it presented a male centric view, failing to reflect most women’s experiences (Davies, 1991). Folbre (1994) was critical of modernism and economic rationality for not being able to account for women increasing their workforce participation whilst continuing with the vast majority of childcare duties. Nevertheless, Park (2005) drew on Weber’s action theory in her study of motives for remaining childfree.

4.5.3 Talcott Parsons’ theory of action

Parsons also formulated a theory of action but his theory has social structure constraining agency to a greater degree than Weber’s. Drawing from the opposing theories of Durkheim and Weber, Parsons accepted the reality of both individuals and society. Parsons’ theory involved a process in which rewards for actions were weighed against potential social sanctions. Hence, it encompassed notions of intentionality and choice. Action was seen as directed towards a goal but, goal choice, the resources and conditions available for goal achievement, and the criteria by which the achievement was judged were affected by socially learnt values, norms and circumstances (Parsons, 1953).

4.5.4 Poststructuralism

Poststructuralism presents a less tangible picture of individuals and hence agency, than any of the preceding theoretical perspectives. Poststructuralism arose from the French structuralism school but differed markedly from it in the perception of the nature of reality – ontological perspective. Poststructuralists focused on discourse; that is the rules of social engagement that govern what can be known, said or done. However, they refuted the structuralist assumption that study of language may reveal underlying patterns. Accordingly poststructuralism (and the very similar postmodernism) has denied a consistent reality. Thus, individuals and agency have been understood to only exist within discourse, such that an individual’s sense of themselves, their self-identity, is transient and illusory. Proponents have perceived identity as repeat performances of socially constructed characteristics and internal discourse (Davies, 1991; Foucault, 1994; Butler, 2006).
Poststructuralism/postmodernism has defined agency as the relative power that discourse has embedded within social relationships and institutions. Meaning structure may constrain or facilitate (Foucault, 1978) such that having agency suggests having power over discourse (Davies, 1991). Agency has been represented as ephemeral and inconsistently applicable to actions; thus defined, agency was not meant to imply rationality or that the individual necessarily had the capacity to make choices (Davies, 1991; Foucault, 1994; Butler, 2006).

The poststructuralist/postmodernist perspective has been perceived as a major influence in TWF and fitting with the feminist agenda (Mann & Huffman, 2005). Feminist poststructuralists have considered women lacked agency because of the social discourse of male dominance (Davies, 1991). They perceived that by acting counter to hegemonic discourse (i.e. resisting identity conventions such as gender norms) the socially situated self has the capacity to self-define or self-direct and thus be agentic (Davies, 1991; Butler, 2006). However, other feminists have criticised poststructuralism/postmodernism. For example, Benhabib (1992) questioned the fit between poststructuralism and feminism, while Gubar (1998) criticised poststructuralism for making ‘women’ an invalid term.

4.5.5 Symbolic interactionism

Symbolic interactionism (SI) focused on meanings that individuals ascribe to social interactions and, as such, is relevant to agency. SI was concerned with how symbols (such as language, clothing, gestures, relationships, roles etc.) are communicated and interpreted (Chibucos et al., 2005). Herbert Blumer coined the term ‘symbolic interactionism’ and outlined three core premises: People’s actions are their response to the meanings they perceive things to have; Meanings arise from the individual’s interpretation of society\(^\text{15}\) and its rules (e.g. norms and roles); Meanings are recreated and moulded through the ongoing social interaction process (Wallace & Wolf, 1995; Giddens & Sutton, 2009).

Blumer based SI on George Herbert Mead’s thesis that the self (i.e. a reasoning and conscious individual) was created through social interactions (Wallace & Wolf, 1995; Giddens & Sutton, 2009).

\(^{15}\) Society refers to a group of people and the interactions that occur between them.
Mead (1934) considered the self was made up of an ‘I’ and a ‘me’. ‘I’ is akin to self-identity or ego and comes about through how the individual is perceived by others and how the individual interprets those perceptions. ‘Me’ is the individual’s perception of themselves within society, their roles in relation to others. Goffman (1973) elaborated on the theme of identity. He suggested that while social roles had guidelines constructed by society, people presented their own interpretation of these guidelines performing their roles.

There are certain aspects of Mead’s thesis not well recognised by SI. SI generally discounts structural and biological determinism (Giddens & Sutton, 2009). However, Mead (1934) considered biological instinctual impulses underlay the social character of humans. He included “the sexual process” and “nourishment and care of child forms, and suckling and adjustment of the body of the child to parental care” as “primitive human impulses” (Mead, 1934, p.349). He understood behaviour associated with “maintenance of the species”, the family and gender roles, as a fundamental social organising principle. And, from the structural aspect, Mead argued that society must come first as it is social interactions that create the self (Mead, 1934). Therefore, there is some commonality between Mead’s thesis and biological determinism and functionalism.

Nevertheless, SI has been criticised for being ahistorical and ignoring aspects of social structure (Maine, 1977; Giddens & Sutton, 2009). The SI approach has been used for data analysis by feminist researchers (e.g. Cannold, 2000; Schrick et al., 2012).

4.5.6 Pierre Bourdieu

Bourdieu’s (1977) theory of practice has been one of the most influential sociological theories, which explores the interplay between agency and structure, although it has not has so much traction in Australia (Bennett et al., 2013). Some have regarded the theory as a duality theory (e.g. McNay, 2000; Weik, 2006) but others argue it is structurally deterministic (e.g. Jenkins, 1992; Adams, 2006). From a feminist perspective, McNay (2000) perceived Bourdieu inadequately addressed gender. Nevertheless many feminists, including McNay, have embraced and
extrapolated from Bourdieu’s theory (e.g. Moi, 1999; Williams, 2000; Adkins, 2002). Bourdieu’s concepts of habitus, field and capital were central to his theory.

A central concept of the theory, habitus, described a dynamic interaction between agency and structure which, as the result of complex social interactions (e.g. experiences, perceptions, actions), produced dispositions that suggest how to act (Bourdieu & Wacquant, 1992; Jenkins, 1992). According to Bourdieu, behavioural dispositions normally came as ‘second nature’; habitus was then an intuitive “feel for the game” (Bourdieu & Wacquant, 1992, p.128). Habitus was not meant to imply, however, the passive reception of dispositions via socialisation, but rather active mimicking and practice; making actions probable but not fated (Bourdieu & Wacquant, 1992). Dispositions were perceived as embodied in that they are practised, related to the body and imprinted into the mind (Jenkins, 1992). Thus, habitus was considered to be individually generated within a socially shared context (Adams, 2006). Further, dispositions were regarded as long lasting but, in the light of ongoing experiences, were liable to change (McNay, 1999).

Habitus was intimately related to a second concept, ‘field’. A field (e.g. economic field, political, legal, family, employment) was meant to represent a social setting comprising of a system of rules that governed relationships and distribution of resources (Jenkins, 1992; Wacquant, 1992). Bourdieu perceived the social world as being comprised of a number of these distinct but overlapping fields (Adkins, 2003). Habitus was seen as usually creating predispositions to act appropriately to a particular field (Bourdieu & Wacquant, 1992). However, it was also conceived that if people found themselves transposed into fields where their habitus was not appropriate, conflict could be experienced and so reflexivity was possible (Bourdieu & Wacquant, 1992). Further as predispositions were open to interpretation (Jenkins, 1992) and fields were settings of competition and struggle (Wacquant, 1992), some agency was allowed for. As a result habitus and field were understood to be susceptible to reciprocal modification as variations occurred. Capital was also important to agency as Bourdieu defined capital as a source of power that operates within a field (Bourdieu & Wacquant, 1992). Economic capital (wealth), symbolic
capital (status) and cultural capital (the arts) were seen as particularly important (Bourdieu, 1986).

In relation to his theory, Bourdieu (1986) commented upon childbearing behaviour, particularly in regard to why people on middle incomes tended to have fewest children and those on high and low incomes were most likely to have larger families. Bourdieu’s explanation of these differing rates of fertility combined class-based proclivities with economic factors. He asserted that economic rationalism was only relevant to the petite bourgeoisie (middle class/upwardly mobile). He reasoned the petite bourgeoisie restricted consumption in order to accumulate capital and therefore "concentrate all their resources on a small number of descendants" (Bourdieu, 1986, p.331). So that the middle-class ambition to become part of the dominant classes led them to restrict their fertility and more intensively educate their few children. Bourdieu argued children were relatively low cost for low and high income groups who, therefore, restricted their childbearing less. He perceived the low income group could not aspire to improving their social and economic standing and the high income group had sufficient resources to cater for all their children’s needs, regardless of number (Bourdieu, 1986).

4.5.7 Anthony Giddens and Ulrich Beck

Giddens’ (1984) structuration theory gives equal importance to individual agency and structure in determining behaviours such as childbearing. Structuration theory proposed that society has created the actions of individuals just as much as individual actions were moulded by society. For Giddens (1984) agency was the capacity of an individual to act in a particular way when they could have acted differently but this did not necessarily mean acts were intentional. He perceived individuals were neither powerless, without agency, nor fully self-determining. He considered, as the result of the interactions between agency and structure, structure may facilitate or constrain agency or do neither (Giddens, 1984) and that structural context could be manipulated to achieve desired outcomes (Giddens, 1982). Structuration theory, therefore, suggested people were able to make choices and self-direct (Giddens, 1984).
To overcome perceived voluntaristic aspects of structuration theory, Archer (1982) proposed refinements which she termed the ‘morphogenetic approach’. This approach described consecutive interactions between society and the individual. According to Archer (1996) norms existed in order to keep the human tendency towards individualism in check. Giddens’ conception of the interaction between agency and structure allowed the possibility that individuals may change their own circumstances and has therefore been accepted as suited to a feminist perspective (Charrad, 2010).

In addition to the views of Giddens’ in regard to agency, Beck (1992; 1999) perceived the contemporary world was becoming increasingly divorced from the rules that once governed society and freed from the constraints of nature. He perceived people had to work out what to do for themselves. They could no longer follow what others had done before them but had to make choices for themselves. Put in charge of their own lives they had to also take responsibility for their choices; life became risky.

Based on the theorising of Giddens (1991a; 1991b; 1994) and also Beck (1992; 1999) agency in relation to reflexive modernization has become a pervasive theme in sociology (Adkins, 2002; Adams, 2003). Adkins (2002) summarised the reflexive modernization thesis as encompassing an increased capacity for reflexivity, detraditionalization (meaning that the structural rules of modernity no longer dictate behaviour), and individualization. Individualization means that agency becomes compulsory, individuals are self-made (Beck & Beck-Gernsheim, 1995; Beck, 1999) and have “no choice but to choose” (Giddens, 1991a, p.81). Individualization, associated with agency and reflexivity, has been seen as defining contemporary society in developed countries in late modernity (distinguishing it from modernity) (Giddens, 1991b). In late modernity reflexivity has been conceived as multi-faceted and has taken the form of structural reflexivity (cognisant of the rules and resources of structure), self-awareness and self-assessment (Giddens, 1991a; Lash, 1994). Further, individuals are believed to have been increasingly able to change social conditions rather than just reflect on them (Beck et al., 1994).
According to reflexive modernization, nothing can be taken for granted, every action involves decision-making. For example, freed from social norms and expectations, the potential decision to have a child must be justified, negotiated, worked-out and arranged in detail. After careful consideration, should potential parents decide to have a child, they are compelled to monitor themselves to ensure their actions optimally benefit their offspring (Beck & Beck-Gernsheim, 1995). Reflexive modernization therefore has presented a rational and cognitive view of the world (Adkins, 2003). However, people have been portrayed as anxiety ridden, uncertain about their self-identity (Giddens, 1991a) and with heightened levels of responsibility (Sweetman, 2003).

Beck and Giddens appear to have treated agency and a capability for reflexivity and agency as universal in late modernity, as such, their theorizing has been criticized for being excessively voluntaristic (McNay, 2000). Lash (1994), and Adkins (2002) accepted the premise that the capacity for reflexivity had increased but considered different groups of people have varying capacity for reflexivity or agency. Lash (1994) contested individualization. He perceived that while the rules of traditional structure have been lost in contemporary society, information and communication structures have taken their place. He argued disadvantage may be exacerbated by detraditionalization through the loss of social connections, and exclusion from information and communication resources due to rules of the new structural context. Lash conceived reflexivity (or agency) winners and losers resulted and thus a new lower- or under-class was created without access to information and communication resources. As Adams (2006, p.523) pointed out, it is not that reflexivity losers are incapable of reflexivity but that “they are marginalised by a social structure that empowers reflexivity in others”. Lash included women amongst the reflexivity losers. In response Adkins (2002, p.35) asked “How is it that many women end up being ‘reflexivity losers’?” Adkins associated reflexivity with social mobility, hypothesising that women generally were reflexivity losers because women’s movement between social fields has been restricted. However, from the reflexive modernization stance this argument was tautological, as reflexivity, agency and the freedom to self-define are inextricably linked so that women’s lack of mobility
inevitably suggested an inability to self-define. Nonetheless, reflexive modernization has generally overlooked gendered discrepancies.

From a feminist perspective reflexive modernization has failed to pay enough attention to gender (Bailey, 1999; McNay, 2000). McNay (2000) argued that, by ignoring gender, Giddens, Beck and Lash overstated the flexibility of identity by primarily thinking of identity as symbolic. She conceived that gender identity was socially entrenched and tightly associated with the corporeal body. She contended that uncertainty in regard to gender was likely to lead to psychological distress. Nevertheless, some feminists found the concepts within reflexive modernization provided a useful basis for analysis (e.g. Miller’s work on motherhood (Miller, 2005) and fatherhood (Miller, 2011a) and Lucy Bailey’s work on transition from work to motherhood (Bailey, 1999)). Importantly in the context of this thesis, Jodi Dean (1997) argued that reflexive modernization may provide a platform through which feminists may find common ground without resorting to assumptions that all women are the same.

4.5.8 Hybridising habitus and reflexive modernization

Adams (2006) suggested that by hybridizing reflexive modernization with Bourdieu’s habitus concept the criticisms that the former was overly voluntaristic and the latter was too deterministic may be addressed. Lash perceived that reflexive modernization “has gone too far” (Lash, 1993, p.2). He objected to the suggestion that individuals were cast adrift from structure and that reflexivity was overwhelmingly cognitive. He suggested an ‘aesthetic’ aspect of reflexivity or a more intuitive understanding of self-identity that accorded with Bourdieu’s habitus or ‘feel for the game’ (Lash, 1993; 1994). Paul Sweetman (2003) attempted to reconcile Bourdieu’s habitus with the perceptions of increased reflexivity and identity flexibility by positing an increasingly common reflexive habitus. Further, Threadgold and Nilan (2009) considered reflexivity was a type of cultural capital which varied qualitatively according to class. McNay (1999; 2000) also suggested Bourdieu’s theory explained the greater critical reflexivity in late modernity and the intransigence of gender identity better than reflexive modernization (although she thought neither school of thought adequately took gender into account). As discussed above, for Bourdieu cognitive reflexivity was rare but possible when habitus and
field failed to work in harmony. Changes in habitus and field, and moving between fields, were thought to potentially give rise to disharmony that may promote reflexivity (Bourdieu & Wacquant, 1992).

In regards to agency, McNay (1999; 2000) asserted that detraditionalization and the capacity for self-definition and cognitive reflexivity was overstated in reflexive modernization, arguing that the norms of gender identity were particularly entrenched. McNay (2000) did not dismiss detraditionalization altogether, but argued it was irregularly applicable and it was wrong to assume that when it did occur it resulted in greater freedom. She perceived unevenness of detraditionalization and movement into new fields had complicated women’s lives as they attempted to reconcile self-actualisation (reaching their potential) with their responsibilities. For example, McNay (1999; 2000) and Adkins (2003) have proposed that women’s greater participation in the workforce and taking on roles once considered exclusively for men (e.g. managerial positions) have given rise to a mismatch between gendered habitus and field. Thus the dilemmas women with children experience in relation to workforce participation may be understood as resulting from this mismatch and also because the habitus of family and that of employment are in conflict (McNay 1999; Adkins 2003). Adkins (2002) also tended to favour Bourdieu’s theory, but still concluded that contemporary society was characterised by greater reflexivity, mobility and risk. She argued that gender and sexuality should not be assumed to be culturally (or traditionally) defined but that reflexivity and mobility between fields had also become significant.

4.6 Agency criteria
It is clear from the discussion above that the degree to which it is possible to have agency is contested. Theories span all possibilities from deterministic to free-will and various combinations in between. Some theoretical perspectives consider people’s behaviour to be largely determined by external factors, however, views differ on whether women’s childbearing behaviour is governed by biological (e.g. Horney, 1924; Rossi, 1977; Trivers, 1972) social structural (e.g. de Beauvoir, 1953; Meyers, 1989; Chodorow, 1999) antecedents. Such theories, therefore, suggest women have little agency in regard to their childbearing. Other theories, however, suggest women
have a great deal of agency over their childbearing (e.g. Beck & Beck-Gernsheim, 1995). Whilst other theoretical perspectives suggest a more complex situation that includes possibilities for autonomous acts in regards to childbearing that may or may not be constrained by biological and/or social factors (e.g. Bourdieu, 1986; Miller, 1994a; McNay 2000).

None of the theories discussed present a clear picture of what agency or lack of agency looks like. Neither do they, on the whole, allow a neutral position for assessing agency; most have a position on whether or not behaviour is agentic. Criteria that clearly define how agency can be recognised and allow for the possibility of agency being present or absent are necessary in order to answer my research question: whether or not women with children perceived they had agency over their childbearing. Nevertheless, many of the theories suggest characteristics that are useful for building a picture of agency.

In order to recognise agency I constructed seven criteria for by integrating the differing views of agency discussed above. In Table 4.1 I list the criteria and outline the contribution of the theories and in some cases, how the inclusion of the criterion, runs counter to some thinking on agency. Taken together and to their fullest extent the criteria could be perceived as defining a utopian ‘ultimate agency’. I am not suggesting that this is possible. The criteria may apply in a particular situation but not in others (e.g. number of children as opposed to timing). This disaggregated assessment accords with the view that agency may be fragmentary or episodic (Meyers, 1989; Davies, 1991) and liable to vary in degree (Giddens, 1984; Meyers, 1987; Friedman, 2003). Nevertheless, all the criteria are interrelated and arguably need to be fulfilled to some degree in order for agency to be present.
### Table 4.1: Criteria for assessing agency

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Argument for inclusion</th>
<th>Additional comments</th>
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<tbody>
<tr>
<td>1/ The individual’s preferences are not constrained by circumstances</td>
<td>The importance of social context is included in most perspectives. Agency does not require freedom from social context. Social structure may facilitate or constrain agency or do neither (Giddens, 1984; Friedman, 2003).</td>
<td>Mostly ignored by Weber (1964; 1976).</td>
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<tr>
<td>although circumstances may facilitate preferences.</td>
<td>Biological context is also believed to be important (McNay, 2000).</td>
<td></td>
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<tr>
<td>2/ The individual is able to act independently regardless of social</td>
<td>Acting freely does not require a lack of social influences but does require freedom from coercion (Hayek, 1960; Friedman, 2003; Usher, 2006) and an individual capacity to withstand pressure (Meyers, 1989; Friedman, 2003).</td>
<td>The role of social influences is particularly emphasised in Bourdieu’s (1977) theory, to an extent where the possibility of agency is questioned.</td>
</tr>
<tr>
<td>pressure but this does not necessarily mean acting contrary to social</td>
<td>Agency is enacted by resisting social pressures to conform (Davies, 1991; Butler, 2006).</td>
<td></td>
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<tr>
<td>pressures.</td>
<td>Socialisation may promote agency through education and teaching of skills (Meyers, 1987; Barclay, 2000; Friedman, 2003; Usher, 2006).</td>
<td></td>
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<tr>
<td>Criterion</td>
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<td>3/ The individual’s actions are intentional, with an intended outcome.</td>
<td>Intentionality is frequently associated with agency (Parsons, 1953; Weber, 1964; Meyers, 1989; Ajzen, 1991; Miller, 1994a; 1994b; Barnes, 2000; Usher, 2006).</td>
<td>For Bourdieu (1977) (implicitly) and Giddens (1984) (explicitly) intentionality is not necessary for agency.</td>
</tr>
<tr>
<td>4/ The individual can freely make choices.</td>
<td>Choice is especially prominent in Weber’s (1964) Giddens’ (1991a), and Beck’s (1999) agency perspectives. The number of choices available is unimportant (Hitlin &amp; Elder Jr, 2007) but freedom from manipulation (Hayek, 1960) and awareness of options (Friedman, 2003) is important.</td>
<td>According to Meyers (1989) and Friedman (2003) so long as overall actions are compatible with deeply-held values, agency is possible despite choice restrictions. Choice does not feature in Bourdieu’s and poststructuralist agency.</td>
</tr>
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</table>
Table 4.1 Criteria for assessing agency continued

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<tr>
<th>Criterion</th>
<th>Argument for inclusion</th>
<th>Additional comments</th>
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| 6/ The individual is reflexive (i.e. is structurally- and self-aware, self-monitors and critically appraises their actions). | Meyers (1989), Giddens (1991b), Beck (1999), and Friedman (2003) particularly stress self- and structural-awareness, critical appraisal and self-monitoring. Reflexivity is also implicit in other theories including SI and those that emphasise intentionality (Meyers, 1987; Abrams, 1999; Barclay, 2000). | Bourdieu considers reflexivity occurs only when the individual feels conflicted (Bourdieu & Wacquant, 1992).
Self-knowledge, is considered unobtainable because of self-deception (Grimshaw, 1988). Giddens (1991a) links the ability to self-define with the ability to be reflexive. |
| 7/ The individual is able to manipulate their circumstances and social context to enable their preferences to be achieved. | The ability to alter social context is central to the agency perceived by Bourdieu, Giddens and Archer. To achieve desired outcomes agentic individuals are able to overcome barriers (Friedman, 2003) and manipulate circumstances (Giddens, 1982). | Habitus and field can be modified when a mismatch occurred between them which provoked reflexivity (Bourdieu & Wacquant, 1992). |

4.7 Conclusion

In this chapter I have reviewed the literature relevant to agency and have noted the lack of a consistent definition and understanding of agency and structure within sociology. The review covers various perspectives on whether or not people are free to act and self-define. In each discipline there are examples of those that adhere to positions in which agency, structure and biological determinism are alternatively regarded as the predominant drivers of human behaviour. There is a tendency, however, to see behaviour as being the result of a mix of influences (be they biological or social) and individual control. The purpose of this review was to gain clarity of what was meant by agency and therefore how it may be recognised.
The review also showed that the range of perspectives had been used to explain childbearing behaviour. It has also been demonstrated that feminists have variously advocated most of the theoretical perspectives. Functionalism was the exception as it runs counter to the fundamental feminist principle that women should not be constrained by their biological context. I take this as meaning that an exploration of agency which borrows from a wide number of perspectives is consistent with a feminist perspective.

From this review, an integrated perspective of agency was summarised as a process of reflexivity and self-determination (i.e. intentionality, choice and self-definition) within contexts of social and biological influences that do not leave the individual without any freedom to act otherwise. The criteria for agency are:

1. The individual’s preferences are not constrained by circumstances although circumstances may facilitate preferences.
2. The individual is able to act independently regardless of social pressure but this does not necessarily mean acting contrary to social pressures.
3. The individual’s actions are intentional, with an intended outcome.
4. The individual can freely make choices.
5. The individual is able to self-define.
6. The individual is reflexive (i.e. is structurally- and self-aware, self-monitors and critically appraises their actions).
7. The individual is able to manipulate their circumstances and social context to enable their preferences to be achieved.

I have constructed these criteria using the various theoretical perspectives. Pre-existing perspectives would, therefore, not agree with every aspect of my criteria. For example, Giddens’ requirement for reflexivity and having to choose does not appear to be consistent with his assertion that actions did not need to be intentional to be agentic. How then would critical appraisal of actions be possible if what was hoped to achieved by them was unknown? Furthermore, while it is possible to act intentionally while being threatened so having no choice, to unintentionally choose seems oxymoronic. Identity is also differently perceived from malleable by poststructuralists to a fixed true self by Meyers (1989) and something in between by
Giddens (1991a) and McNay (2000). There are also differences between the reflexive modernization thesis (society is organised in such a way that people have to consciously construct their own identities unguided by traditional values) and Bourdieu’s theory (people mostly act without thought according to learnt predispositions until they find themselves conflicted). The exploratory nature of the research allows the explanatory powers of theories to be compared.

In the next five chapters, the findings and discussion section of the thesis, I devote a chapter to each of the first five criteria but evidence for the last two is considered within those chapters. The criteria present a disaggregated view of agency; they are inevitably interrelated and so occasionally evidence presented in a particular chapter is related to a different criterion. This is apparent in the numerous cross-references within the chapters and the summary of findings in Chapter 10. The last two criteria are so intimately related to other criteria, their separate consideration in this thesis would have involved too much repetition. It should be noted that my approach allows for the possibility of the presence or absence of agency. By looking for evidence of agency I am not presuming that women have agency over their childbearing, rather I start from a position of believing agency is possible. In the next chapter I look for evidence of whether circumstances facilitated or constrained the women’s childbearing and related behaviour, also paying attention to the participants’ influence on their social context.
Chapter 5: Circumstances – facilitation and constraint

In a nutshell, we have foolishly arrived at a society where there is an economic disincentive to have and care for children, but an economic incentive to restrict fertility and instead invest in one’s own skills and income. It is the irrationality of rational economics (Manne, 2008, p.73).

5.1 Introduction
This chapter focuses on the first agency criterion: *The individual’s preferences are not constrained by circumstances although circumstances may facilitate preferences.* Also explored are: evidence of participants’ reflexivity in relation to structural resources (sixth criterion), and their ability to manipulate their circumstances and social context to enable their preferences to be achieved (seventh criterion). As discussed in Chapter 4, according to Giddens social structure consists of rules and resources. This chapter focuses on the latter element in relation to the participants’ childbearing behaviour.

Previous Australian research found that financial and relationship related factors associated with ability to support a child were the most important considerations when having a child (Merlo, 2004; Weston *et al.*, 2004). These findings are contrary to post-materialist values theory, discussed in chapter 2, because they are related to security and therefore suggest traditional values. Post-materialist values would be indicated through a concern for living a fulfilled life (see Inglehart, 1977). Anne Manne’s quote, at head of this chapter, suggested that structural resource considerations are largely economic, in keeping with economic rationalist theories of fertility decline (also discussed in Chapter 2). Women’s workforce participation has also been perceived as a major influence on childbearing. It was seen in Chapter 1 that declining fertility has been associated with women’s increased educational attainment and workforce participation.
A lack of compatibility between workforce participation and childrearing has been well-documented (e.g. Gerson, 1985; Hochschild & Machung, 1989; Lee & Strachan, 1999; Pocock, 2003; Reynolds & Aletraris, 2007; Boushey, 2011; Skinner et al., 2012). This perceived incompatibility has led some to perceive that, in Australia, women’s childbearing has been constrained by the financial necessity of women working (Sullivan, 2003; Manne, 2008). Alternatively, it has been argued that policies that increase the compatibility of work and childrearing, such as childcare and maternity leave (particularly paid), are most effective at raising fertility rates (Apps & Rees, 2001; Guest & Parr, 2010; OECD, 2011). Policies that increase the compatibility between work and childrearing are understood to be effective because they enable women to have children and work, if that is what they want (Pocock, 2006; Brennan, 2007; Maher, 2008). Conversely, Edwards (2002), in the US, found little evidence of a link between postponed childbearing and the pursuit of qualifications and career. He suggested financial and cultural factors are likely to offer better explanations. However, these factors are interrelated. Educational attainment and career progression affect economic viability before and after children. Women with higher levels of education suffer greater financial losses through forgone earnings when they reduce their workforce participation (Breusch & Gray, 2004). Even so, more work experience and higher levels of education tend to preserve women’s earning capacity when they return to work after having children (Breusch & Gray, 2004; Baker, 2011). Additionally, cultural factors contribute to the perception of the ‘right’ time to have a child and to the desirability of an education and career (Sevón, 2005).

Women’s experiences of childbirth and childrearing form part of the circumstances in which they have subsequent children. Women’s childbirth experiences have been found to have an influence on future childbearing intentions (Newman, 2008). The experience of pregnancy and childbirth is influenced by the services provided. The experience of childrearing, on the other hand, is influenced by the support available. Physical and psychological support has been found to be important for the well-being of women with young children (Newman, 2008; Emmanuel et al., 2011; Williams & Pocock, 2010). Social support of women with young children has frequently been reported as lacking (e.g. Wearing, 1998; Newman, 2009; Williams & Pocock, 2010).
Women with young children have become increasingly isolated from the rest of society as the nuclear family model has become dominant, families have become smaller and family networks have become more dispersed (Parsons, 1955b; Hareven, 1976; Bourdieu, 1986; Höllinger & Haller, 1990). Bourdieu (1986) asserted that loss of social support (or capital) (because of loss of kin) was the price paid for having smaller families. This argument assumes that support for women with children is a private affair and that the community and government do not have a role in providing support. In recent decades governments have increased financial support of families in many countries, including Australia, in an attempt to boost fertility rates (OECD, 2011). Whether or not this has influenced childbearing is disputed (Gauthier, 2007). Some have found that family benefits boost fertility (Gauthier & Hatzius, 1997; Milligan, 2005), whereas others suggested their effect has been marginal (Martin, 2002-2003; Guest & Parr, 2010; OECD, 2011; Parr & Guest, 2011).

This chapter reviews how participants were influenced by their circumstances in respect to having children. First the circumstances that participants believed desirable for having children are discussed. The following sections in turn discuss the participants’ perceptions of their pregnancy and birthing experiences; the public and private supports available to them; and workforce participation and working conditions. The influence on participants’ childbearing is considered for each. Evidence of participants’ reflexivity (particularly in relation to awareness of structural context) and taking active measures to change their circumstances to coincide with the conditions they perceived as desirable for childbearing is also noted. Some findings related to support networks and coping (see Read et al., 2012, Appendix I) and others related to government payments (see Read et al., 2007, Appendix J) have been published.

5.2 Ticking-all-the-boxes
This section outlines the circumstances in which participants wanted to have their children. All participants identified criteria they ideally wanted to have met before having children. June called this “ticking-all-the-boxes”. Prerequisites mainly involved ensuring they had the financial and psychological capacity to care for children but were also about ensuring a full life. The clearest statement about
prerequisites came from the participant who had four terminations. I asked her “What made the difference between you having this one and not the others?” She answered:

A stable relationship, and [work], cash flow and the confidence that I had the ability to support the child through its growth and development; through all its needs.

Sonya explained why she believed her prerequisites were important:

I think [partner] and I will, I suppose, be in a better mental state, happy where we are. Therefore that happiness will transfer, hopefully, across to our children; whereas if we were in a state where we financially unstable, or if we were moving around, I think the stress in that would rub off on to the kids.

Education and career were indirectly important because of the financial stability they could bring but were also seen as part of leading a rich life. Travel was the only thing specifically mentioned that was exclusively an enriching experience. However, more general statements were also made. Zola talked about wanting to “have fun”, Amy about “doing some things” and, a participant at Focus Group Three said “In my agenda, it’s you leave school, you experience life, then you have children later”. Wanting experiences before having children appeared to be related to participants’ perception that their life would be ‘on hold’ while they looked after their children because the needs of their children would supersede their own interests (see Chapter 8, pp.219-222). Gemma, for example, thought it desirable to “pursue things before it comes time when you can’t put yourself first”. In addition, all three focus groups discussed the possibility of pursuing travel and other experiences once children had grown-up. Participants, therefore, fitted their interests around having children. Particularly by pursuing their own interests prior to having children, participants carved out room for their own development and ensured life experience richness which they anticipated would falter when they had children.

That participants could identify prerequisites possibly indicated an awareness of their circumstances and the environment appropriate for childrearing. This was reinforced by Lara’s narrative; she regretted she had not reflexively considered what her circumstances were. She said about becoming a mother:
My biggest regret is my total naivety; viewing my life through rose-coloured glasses that’s my bigger regret. My bigger regret is, I don't know what planet I lived on. My bigger regret is not waking-up to the reality, I should have gone to uni, I should have done lots of things, that’s a bigger regret. I don’t regret starting when I did. I have a little regret of starting it with [ex-partner] and perhaps not waiting for a better relationship. But that never would have happened given that I was just not living on this planet. I don’t know where I was.

In contrast to Lara, participants who had an unplanned first child felt that circumstances could have been better but did not express regret; they were more inclined to view having their first child when they did positively (see Chapter 7, pp.185-187). Two explanations for this positivity can be posited. Either the circumstances they believed desirable were unimportant because they perceived everything had turned out well, or, the societal expectation to be positive about motherhood overrode any difficulties that they faced. Both may apply. Lara’s regret may have reflected her dissatisfaction with her current circumstances (she had separated from her partner) as much as dissatisfaction with her past actions. Notably, however, the collective narratives suggested that social mores stipulated the ‘right’ circumstances. Claudia, whose child was unplanned, was uneasy with the concept that there were ‘right’ circumstances:

We seem to have this mind set, that you’ve got to wait until the perfect time to have a baby. But is there ever a really prefect time? It’s like you know, we don’t want to be in debt, we want to have gone and had our year travelling overseas and have the nice car.

Additionally, Renee thought social expectations of ‘right’ circumstances may be used to rationalise childbearing decisions:

I don’t know as there ever is a good time. I think you always find another reason, you know, if you’re a little bit that way inclined – or to have one if you’re inclined to have ten million.

Indeed, June’s explanation suggested that her circumstances dictated having a child. She said:
Oh yeah because, as I said, the ideal I had in my mind was ‘you have children when it is like this’. Well when it became like that I had a child. It was obviously why I had a child.

The premise that social mores defined the circumstances considered suitable by participants was strengthened by participants’ apparent lack of reflection. Mostly participants’ perceptions of what was important appeared to have largely gone unquestioned. Lara’s narrative suggested that critical appraisal of past actions occurred when life-plans fell apart. Therefore contentment with criteria probably reflected most participants’ satisfaction with their situation at the time of interview. Had they not been able to have children, for example, they may have felt differently about the prerequisites they had set (see Chapter 8, p.207). Five main themes emerged as prerequisites for childbearing: relationship stability, financial stability, locality, education and career attainment, and travel.

5.2.1 Stable relationship

Having children within a stable relationship was essential for most and desirable for all participants and therefore was the most important criterion. For many of the participants a stable relationship meant being married. Indeed to most participants, marriage meant children and children meant marriage. Participants’ narratives sometimes suggested a pre-programmed path. Dawn described having children as the “next stage” and Penny and Sonya as “a natural progression” after marriage. Partners were seen as providing physical, psychological and financial support. Anita and Wanda were unusual because they had contemplated having children outside of a relationship and had identified potential men to father their children. Anita said “I was going to have children with or without the relationship.”

The presence of a partner, a long term relationship and even marriage was not necessarily enough to have a child. Usually partners had to be seen as being ‘good father’ material. Sonya, June, Trish and Zola explicitly stated they would not have had children if they had not met the ‘right’ person (all had been in previous long-term relationships (Trish was married) to which no children were born). Conversely, Lara (see quote above) regretted not waiting for the ‘right’ partner and another participant talked about pursuing her desire for a second child despite being in an abusive relationship. The perceived need to be in a stable relationship with the right
partner may have had implications for some participants’ family size. Wanda, Elaine and Zola thought they may have had more if they had met a suitable partner earlier. Zola reflected:

Perhaps if I met [partner] in my 20s, if I’d been mature enough, but I wouldn’t have been, but if I had, and we’d had a couple of kids by the time I was 30 say or something. Then we might have had a little break and then had a couple more perhaps. So I guess meeting a bit older was a factor.

The establishment of a stable relationship, particularly marriage, could then be interpreted as facilitating participants to have children.

Despite the emphasis on the importance of a stable relationship with the right person for having children, when participants had been in an unsatisfactory relationship it did not appear they had taken active steps to pursue motherhood. Sonya, June, Trish and Zola had not left previous partners because they considered them to be unsuitable fathers; relationships had dissolved for other reasons. Sonya, Zola and Elaine, although they had wanted children, had taken a laissez-faire approach to partnering (June and Trish had not previously wanted children). Wanda, on the other hand, talked about taking active measures to find a partner to have children with. She told me:

In my teens and twenties I never sort of had a serious relationship with a man. I sort of got to my early 30s and thought oh well. I always sort of assumed I would meet somebody. I thought, oh well maybe I’m not going to meet somebody – I had to do something about it… I joined an introduction agency and that is where I met my husband through an introduction agency. So we had been going out for about two years… and neither of us had had any children in the past and neither of us were young or anything. And you read all these stories about people’s fertility dropping off as they get older and everything. And so we sort of thought, well I would go off the pill and see what happens.

5.2.2 Financial stability

Thirteen participants said they had taken their financial circumstances into consideration when starting a family. Furthermore, when considering having
subsequent children, financial considerations were important to 19 participants (including 11 of the 13 participants who had taken them into account when starting a family). One participant said she had terminated a pregnancy because she and her partner felt they were unable to afford the child; she clearly had been financially constrained.

Participants indicated they had gained a general impression about their financial circumstances rather than doing accurate accounting. Sonya for example said:

I mean I don’t think we ever sat there and discussed it as a couple. I don’t think we said right well we owe this much money, we’ve got this much coming in. However, I do think that we both recognise that we like to live a certain lifestyle, we would like to maintain that and therefore going to one income, or you know me on half-pay, and we certainly looked at – well okay this is what we will spend this money on and we will be tight in these areas.

For the participants who said they had taken their financial circumstances into consideration before having children, favourable financial circumstances appeared to have come about through a mix of active and passive measures. They had saved, invested and ensured a manageable level of debt. Penny, for example, said:

We were buying our own house and had a manageable mortgage. It was an old fibro place that we were doing up and increasing its value – we had replaced the kitchen and bathrooms and lots of other work. We had financial security and we felt we could afford for me to stop working for a while. We had about $15,000 in savings.

Also these participants had more passively relied on their partner’s income. Olga said:

I think probably we were financially quite stable too and we had saved quite a substantial amount of money. And plus [partner] had gone quite well career wise and so he had quite a good job.

On the other hand, five participants said they had not considered their financial circumstances when having any of their children. Trish, for example explained:
Somehow financially you just cope with what you’ve got but money doesn't come first. If you were worried about how much they were going to cost you I don’t think you’d have them. Possibly these participants had not consciously considered their financial circumstances because they felt financially secure which suggests a more passive attitude towards financial circumstances. The apparent lack of consideration by some participants was probably a reflection of their relative affluence and therefore it may be argued that financial circumstances were favourable for all participants having planned children.

5.2.3 Living in Orange

Mostly living in Orange was positively associated with participants having children. However, prenatal, delivery and postnatal services in Orange were considered inadequate by two participants. This perception would have constrained these participants childbearing had they been unable to access alternative options (see Section 5.3, 102). In the first round of interviews eight participants said moving to, or living in, the Orange area had implications for their childbearing decisions. Maria, Dawn and Anita had previously lived in Sydney and believed they would have had fewer children had they stayed because of housing costs. Dawn, who had four children, explained:

Well, it’s more expensive to buy homes [in Sydney] and we were in a small house and I don’t think we would have been able to move to a bigger one… I think there would have been a strong pull just to have the two.

Additionally, some participants had moved to Orange because they believed it provided a good environment for bringing up children. June felt where she lived was important to her becoming a mother, she said:

It was part of that ticking-the-boxes. I grew up on the land. I want my child to grow up on the land. If I was living in Sydney with my own business I would say just say “oh well it’s not my time to have a child to have kids. I’ll have it in the next life. This is what I am doing now.

With future children in mind, Dawn, Anita, Gemma and Kay moved to Orange and Wanda resisted moving to Sydney insisting instead that her partner moved to Orange. That some participants had moved to Orange to achieve their childbearing goals
suggested they had control over where they lived. The data also indicated that living in the Orange area tended to facilitate childbearing, especially relative to living in Sydney. Orange was seen as superior to Sydney for bringing up children for financial and lifestyle reasons.

5.2.4 Education and career attainment

Overall the participants’ perceived need to have tertiary qualifications or a career prior to having children was highly variable. Most participants had gained post-school qualifications before having children and nearly all participants saw attaining qualifications as desirable. For most this had meant going to university which provided life experience as well as qualifications. Nevertheless, opinion was divided as to whether or not the education box needed to be ticked before having children. Nine participants said attaining post-school qualifications before having children had been important to them. Of the seven women who had no post-school qualifications two participants expressed regret that they had not pursued further education (see Lara’s quote above (p.97). Una said:

If there is one regret it would be that I didn’t stick out my education.

It would have been good to have something to fall back on.

Penny, Olga and Maria also suggested their lives may have been improved by post-school qualifications. Penny wanted her children to be better educated than she and her partner were and Olga and Maria recognised their workforce choices were limited by their lack of qualifications. Maria said:

I haven’t got a piece of paper that says I can do it. I don't have anything that I can say, this is my training.

There was also demonstrable evidence that participants saw education as desirable but that it could come after children. Three participants had completed further studies as mothers, five were studying for postgraduate qualifications at the time of the interviews and another two had plans to do so.

Through pursuing education participants were attempting to transform their employment prospects. Nine participants had also taken active measures to protect their workforce status by ensuring they had established a career or business before starting a family. A career, however, appeared to be a secondary consideration for participants. When asked about her career, Anita who had postgraduate level
5.2.5 Travel

Eleven participants mentioned that they had wanted to travel or have a major holiday before having children. Beryl had managed to combine travel with study:

I wanted to go travelling so I had all those sort of plans but then I sort of did the uni thing and the travelling sort of thing together.

When travel was desired it appears to have been actively pursued. In one case, travel also affected the timing of subsequent children. Dawn put aside her desire to have three children close together so that she could go on a major family holiday:

And then we decided in ’98 that the whole family would travel overseas when the Olympics were on in 2000. I said I thought we could do it with two bigger ones but I didn’t think we could do it with three, so we just postponed him for a bit.

Travel also had unanticipated repercussions for childbearing. Kay’s unplanned child soon after returning home made it difficult financially:

We had come back from overseas; we had a little car that we left here when we went overseas that had problems when we got back. So we wanted to buy a car, pay that off, buy the house, get into a mortgage and then have children. And that didn’t happen that way.

Additionally, Wanda believed travel had affected her ability to find a partner. Wanda said:

I suppose the desire to travel when I was younger sort of, you know, if I hadn’t travelled I might have felt sort of the urge to settle down and find a partner sooner.

Travel was therefore seen as a significant life experience incompatible to some extent with at least very young children and possibly detrimental to relationship formation. For these reasons and the expectation that major overseas trips would form some part of their life-plans, travel affected childbearing.

5.3 Pregnancy and birthing experiences

This section considers whether experiences of pregnancy and birth affected participants having subsequent children.
The participants’ experiences of pregnancy and childbirth varied greatly. These experiences appeared to have had little influence on future childbearing plans with a few exceptions. Sonya listed reasons why she was against her partner’s preference for a large family:

A/ I went through the miscarriage – well physically, we both went through it emotionally, and B/ [child] was very difficult birth and for [partner] to be there and witness that and then I said I don’t know if I can do that another four or five times. And the fact for the first eight weeks of life she was just an absolute nightmare.

And Claudia wondered:

Like if I want to have kids, this would be my last chance but it hasn’t worried me at all. I don’t know maybe it’s that when I was pregnant… I felt physically uncomfortable having this baby in my body. I didn’t really enjoy that pregnant sensation. Now I don’t know if that plays into it at some subconscious level.

The thought of having to go through pregnancy again also diminished the attractiveness of having more children for Zola. On the other hand for Yvonne, who had taken a long time to achieve a successful pregnancy, the discomfort provided confirmation that she was still pregnant. She said:

I had a dream pregnancy because everything that you may not necessarily enjoy in a pregnancy, I was sitting there and going “wahooo, I’m still pregnant”… it was just like “woo, well I’m sick today, well that’s good”… the only pregnancy I kept I had killer morning sickness so it was a good thing.

Renee’s and Sonya’s experiences of the maternity services in Orange were such that they said that they would not have another baby at the facility. Renee said of Orange’s maternity services “Oh gosh, that is another reason that would put me off having another child.” However, rather than restricting their childbearing Renee and Sonya were planning future births elsewhere. In contrast, Dawn perceived she had easy pregnancies and deliveries and that had opened her to the idea of having more children than originally intended. Additionally, after three caesareans Amy felt “robbed of that experience of actually having given birth” until she had her fourth child naturally and she believed this had been a factor in her having four children.
Similarly, Beryl felt her birth experience (because her child was premature) was “a bit sort of incomplete… I cheated somehow with the whole birth thing” and this made her feel she wanted to have another child. It was therefore apparent that, for some participants, the experiences of previous pregnancies and births were an important part of the circumstances for subsequent childbearing.

5.4 Support access
This section looks at the participants’ perceptions of the importance of the supports available to them in regard to having and looking after their children. Hence support networks, prenatal, delivery and postnatal services, and childcare are discussed.

5.4.1 Support networks
Motherhood was recognised as demanding and that support was essential for coping by all participants. Partner support (hence the desirability of being in a stable relationship (see Section 5.2.1, pp.98-100) and broader support networks were acknowledged as important by all participants. Support networks provided moral and/or practical support; both were important. Olga felt friends helped her by:

…being able to discuss, you know, any problems or [pause] and plus it’s good for the children too, to have, you know, friends of the same age that they could sort of interact with.

Good support networks helped participants to cope and facilitated achieving a desired family size of more than two children (childbearing intentions, particularly for more than two children, were frequently related to participants’ perceptions of coping (see Chapter 7, pp.183-184) for discussion of the importance of coping perceptions). Hilary said:

You can ring up at anytime, at a moment’s notice, here can you have the kids… if you don’t have that kind of support you can’t have as many kids.

Around half of participants felt that they lacked people whom they could call upon frequently. Four participants perceived lack of support contributed to them having fewer children than they would have liked. Chris, for example, said:

I feel like society doesn’t support women to do the early mothering of babies properly. Like we are taught to do ‘cry-it-out’ methods of teaching sleep because it is quick and convenient and everyone can get
back to work; whereas I feel like the proper support is actually to have people in the house that can help you while you’re sleepless and that sort of stuff.

Focus Group One talked about lack of extended family networks meaning they had little contact with young children or babies before they had had their own. They believed their lack of experience contributed to motherhood coming as a shock (see also Read et al., 2012, Appendix I; Chapter 7, p.169-170). Elaine related her experience:

I had no contact with babies my entire life, I never grew up with my cousins, I hardly ever saw them. So, because the family was so wide spread… without that contact… holding my own child the first time you know was like, my god, I’ve got a baby what am I going to do with it?

And Claudia said:

…being a first time mum, it was a rude shock to me, like I had no idea what to expect. I had just not been around kids since I was a kid, and I feel like I was lucky, I was just out of my depth and everything was a struggle.

Wanda also commented on the overwhelming responsibility of a new baby without firsthand knowledge of how to act. She remembered “It was really scary” when she brought home her first child home from hospital.

The support network available to participants appeared to be largely the result of chance and passively accepted. Fiona and June were exceptions. Fiona mentioned creating a support network through membership of a babysitting club where members cared for each others’ children. June had brought her mother to live with her to help with the care of her child. Furthermore, some participants were reluctant to seek help. Renee said:

You know they always say if you need help with this, if you need help with that, don’t hesitate to ask – but then who do you ask and if you are a little bit stubborn, as I was, then you know actually, having to divulge that you’re not coping or that you don’t feel so well physically
– when there are millions of other parents that get out there and do it anyway.

Beryl, on the other hand, thought she was too protective of her child or too independent to rely on help from her in-laws:

I think it must be having a mother protective instinct that I didn’t think I had, but I must have it quite strongly. But then again I think I was always quite independent and I like being independent and I like achieving things by myself and that I think is how my parents sort of brought us up… I mean it is good to have them close by in a way but it is not like we are using them to help us.

Furthermore, family were not always supportive towards participants. Zola said:

My mother-in-law was of some help occasionally. But probably I actually could have done without her altogether really because of the, she’s great now and we get on really well, but at the time there were a lot of negative comments about what I was doing.

Penny’s problematical relationship with her mother also probably made it harder for her to cope rather than easier.

5.4.2 Prenatal, delivery and postnatal services

Orange’s services were asked about in the first round of interviews. There were mixed reports on the quality of prenatal, delivery and postnatal services. Four participants, one of whom was a practising midwife, perceived Orange’s maternity services were poor or the facilities were ‘run-down’. Renee and Sonya perceived services were unacceptable. They did not want to have a second baby in Orange (see Section 5.3, p.105). Sonya was also concerned about a lack of postnatal support in Orange (see Read et al., 2012, Appendix I) and Renee considered that the support available to new mothers was not advertised well enough. On the other hand, Maria had her fourth child in Orange and said: “The maternity hospital, couldn’t fault that. That was fantastic.” Yvonne’s perceptions were more mixed; she praised the hospital’s maternity unit but was unhappy with other postnatal services. She said:

Certainly in terms of the facilities, the special care nursery was brilliant… [but] we were getting some conflicting information.

Other participants did not comment on maternity services and I interpret this as meaning they considered them satisfactory (four participants had not given birth in
Orange). The different perceptions of Sonya and Renee compared with Maria and those that were satisfied cannot be explained by when they had their children. Notably, however, Renee and Sonya were first time mothers and clearly had struggled with adapting to their new roles. Additionally, Sonya’s perception may have reflected dissatisfaction with having to stay in the public hospital because maternity services at the local private hospital were discontinued in 2006 (her child was born at the beginning of 2007)\textsuperscript{16}. She commented she planned to use a private hospital in Bathurst when she had another child.

\textbf{5.4.3 Childcare}

Overall participants resisted or minimised their use of regular formal childcare (i.e. long-day care or family-day care). Most of these participants achieved this by withdrawing fully from, or reducing participation in, the workforce. Four participants’ partners had taken on some childcare responsibility and had reduced their working hours. Nancy’s partner had been off work anyway due to an accident, Faye and her partner worked part-time, and Elaine (when still with her partner) and Wanda worked full-time while their partners worked part-time. Other participants relied on informal care (i.e. non-parental care such as extended family, friends and non-registered carers), usually the children’s grandparents. A formal regular childcare provider was used or had been used by 12 of the 20 working participants but just Beryl (when child was one year) and Kay (when child was 3 months) had used (or planned to use) formal childcare five days per week. Childcare services were not only accessed in order for participants to be in paid work but also compensated for lack of a support network. Elaine and Nancy indicated that childcare supported them by giving them the break they needed (also see Dawn’s quote p.110). Elaine said:

\begin{quote}
Just before I had my second one we actually managed to find a place with some family-day care just for a couple of days a week so that I got a bit of relief while waiting to have the second one.
\end{quote}

This view was supported by Hilary when she said:

\begin{quote}

\end{quote}

\textsuperscript{16} A new hospital was opened in Orange in March 2011. The new hospital may have overcome similar concerns to those of Sonya and Renee.
Everyone should have access to [childcare], not just people who are working. There are a lot of single parent families and gee, they need a bit of respite, otherwise they are going to be at their wits end.

The council run Occasional Care Centre in Orange was mentioned as an important back-up support option by four participants.

Most participants appeared to have little difficulty finding childcare in the Orange area when they wanted it. A few participants had difficulty accessing childcare because of availability for children under two, cost or inflexibility of services and one criticised the quality. Additionally, two participants reported having to send their child to a centre they rated as a second preference for one year. One could still not get as many days as she wanted straight away and the other had to change the days she worked. Hilary (on maternity leave) reported finding a place for children under two, especially for more than one child, was problematical. She said:

It’s going to be very hard next July when I try to go back to work and even though I’ve got them down at lots of places trying to get somewhere where they can both be, it’s going to be very difficult…

Under two is a nightmare in Orange, it really is.

The perceived lack of childcare availability affected Hilary’s timing of her childbearing:

Very sad but we are going to have to do our family planning around [childcare]. I want to have the baby in October, November, December so I can have a year off… in the middle of the year there is no places at all.

Participants considered convenience, flexibility, affordability and quality when choosing a childcare provider. Hilary, Sonya and Faye would have preferred a workplace provided crèche. The inflexibility of government registered childcare providers (especially long-day care centres) was mentioned by Una, Dawn, Kay and Sonya as presenting an obstacle to their childbearing and work aspirations, and to their ability to cope with other events in life. Inflexibility and difficulty in finding reliable quality childcare for a child under two were Una’s main concerns as she contemplated having a fourth child. She said:
Being self-employed means I have flexibility but it also means I don’t want to – need to – put them in [or] pay for a whole day of childcare. My needs are more erratic, quite often I can juggle both but then there are times when I can’t.

Kay’s and Dawn’s solution had been to use a local unregistered carer, which Una was also considering but she was uneasy about the standard of care. The flexibility of a non-registered childcare provider provided Dawn with important support she otherwise lacked. She said:

She looked after [first child] when the baby was born at five o’clock in the morning. That sort of thing… if I have an appointment I just drop [fourth child] off… or if something came up with the kids and one of them had to go to school early or something. To me that has been important; having her around, ‘specially with not having a mum in town.

Childcare cost was one of the factors that made Beryl reluctant to have a second child. Lara, Faye and Trish perceived the cost of childcare prohibited access. Workforce participation was fitted into times when children could be cared for by partners or other family members, or was not pursued. Lara for example said:

The two days a week I did, that barely paid for your childcare costs but it was the weekend work. And if I didn't have weekend work I would have quit. I’ve never worked if it only just covered the bills. I’ve never seen a point in doing that. And I’d never put myself or the kids through the stress of doing that.

Sonya, Claudia and Hilary also believed the costs of childcare were difficult to afford. Nevertheless, participants who used formal childcare believed services provided value for money and did not want reduced costs which compromised quality; they preferred greater government assistance through subsidies. Conversely, June and Irene (who did not use and did not want to use the services) were critical of the level of government subsidies for childcare. Renee (who had only sent her child to preschool) was the only participant critical of the quality of the childcare available. She said about the long-day care centres in Orange:

They weren’t even getting the basic, basics right: the equipment was dirty, there were unhappy, crying children, they seemed understaffed,
there was not enough supervision for the children.

None of the participants raised any complaints or misgivings about the quality of the childcare they had accessed. The shortfalls identified around accessibility affected some participants’ childbearing and others workforce participation.

Participants’ attitudes to childcare varied. Some participants believed that their children should be cared for by them. Penny, for example, was not prepared to hand over the responsibility to anyone else. She said:

I couldn’t let him be cared for by someone else, not even family. I couldn’t allow him to be cared for by others and I wasn’t there if he hurt himself. Or if he needed attention, but there were two or three other little boys all needing attention ahead of him.

Additionally, Maria perceived having her children cared for by a family member had diminished her experience of motherhood:

I was missing those magic moments, you know. And I wanted to be there as her language was forming. I wanted to be there, potentially, as that first step was being taken I felt devastated every time I left her.

A partner or family member was an acceptable carer for some. However, the general perception that their children should only be cared for by kin curtailed some participants’ workforce participation. Olga and Trish (full-time mothers) said they would have worked had they had relatives close by or if their partner had undertaken the care. Anita worked casually in order to ensure her children were either cared for by herself or her partner. June (full-time self-employed) had also not wanted someone outside of the family looking after her child. She was able to bring her mother to live with her to assist in raising her child and therefore her workforce participation was unaffected. Full-time care users, Beryl and Kay, were also influenced by the attitude that childcare should be a family concern. Kay was uncomfortable with using childcare and had chosen family-day care rather than long-day care, she explained:

I felt really guilty about going back and leaving them with someone else. And I didn’t put them in childcare I put them in someone’s home so that I felt they were more part of someone else’s family.

Beryl had used long-day care and said in the first round of interviews: “I think childcare is quite good for the little ones, he is happy there”. At the follow-up
interviews, when her child was four, she was worrying that she had not done the right thing:

What I’m just worried about is that they are saying under 12 months when they are in fulltime childcare... that they are more anxious and that can lead to well more different sort of social behaviours, like negative behaviours. And I wonder. And that’s meant to become more apparent when they turn four and five and later on.

Beryl’s changed perception appeared to be because she had watched a television programme (“Holding the baby” (SBS, 2008)) just prior to the interview in which research on effects of childcare on young children was discussed, rather than being the result of personal experience. Therefore minimisation of formal childcare, which had implications for workforce participation, was associated with the attitude that care should be provided by the mother or other family member. Another way of looking at this is that generally participants wanted the experience of motherhood, believed this was best for their children and accepted motherhood meant making compromises around careers. Overall, however, it appeared that attitudes towards non-parental (and in some cases non-mother) care and the accessibility of childcare services to some extent constrained a few participants’ childbearing and workforce participation.

5.4.4 Family benefits

In the first round of interviews participants were asked about the influence of government policy on their childbearing. Most perceived government financial support was too insignificant compared to the cost of raising a child or too liable to change to influence childbearing (see also Read *et al.*, 2007, Appendix J). Only Wanda said she had taken into account government-provided financial support. This was only for her first child and she was specifically speaking about the single parent payment as she and her partner were not living together at the time. However she went on to say:

I suppose even if I wasn’t able to get it I... still would have chosen to have a child but I would have probably had to rely more on my partner than I did.

Hence Wanda suggested that being able to claim the payment facilitated her to have a child, within circumstances of her own choosing, and helped to preserve her
independence. Additionally, Faye suggested government support had facilitated her desire for a large family. She said:

We didn’t find [another child] made much difference in as far as costs were concerned because social security always give you a bit more anyway.

Nevertheless, overall family benefits did not appear to be a major factor when children were planned.

The family benefit that has received greatest public attention in regard to childbearing is the ‘Baby Bonus’. Most participants had most of their children before the Baby Bonus was introduced in 2004 (discussed in Chapter 1); but their attitude to the payment provided insights into how government payments factored into their thinking. The policy was thought of positively by six participants, although half of these suggested they would like to see it paid in instalments (which later became the case) or vouchers for baby-care products. Hilary would have preferred support in the form of a tax offset. Nine participants (including some who were in favour of the policy) feared the Baby Bonus (potentially) lured women into bearing children for the “wrong reason” (i.e. money not love). They were concerned women may be encouraged to have a child they could not afford and did not really want and, therefore, would not properly care for. Two participants claimed to personally have known someone in this situation. Of the participants still considering having more children none were swayed by the payment. Beryl (who was undecided about whether or not to have a second child) for example said:

Well $4000 that sounds a lot, it sounds good. But then in six months I pay that much in child care.

Most participants were in favour of government support for families and believed it facilitated women to have the children they wanted. Wanda said:

I suppose it depends a lot on the level of support. I mean a lot of women, or some women may, you know choose to have a number of children if they know they’ve got the assistance that they require to look after them. Well to feed them and to clothe them and educate
them and all the rest. If you’ve got to do it all yourself well you may well decide that one or two is the most you can handle.

Only June appeared to not expect support and was against public support of families generally. She said:

I think if a family is already strapped for resources, are already living on Government assistance, they should be limited to having one child… I am totally against all that kind of thing… If I couldn’t come up with the ideas and the way to fund my lifestyle and have a child, then I didn’t believe I was then allowed to have that. For me, the privilege wasn’t there.

Most participants were reasonably content with government support but various suggestions were made to improve the support of families (see Appendix K). The suggestions reflected participants’ perceptions of financial constraints, the difficulties of combining work and family, the disadvantages faced when withdrawing from paid work to look after children, the inadequacy of reproductive health services and lack of women’s input into policy formation; as such they demonstrate the structural resources the participants believed would best facilitate childbearing.

5.5 Working outside the home

This section examines the context of workforce participation and the participants’ perceptions of its influence on childbearing and care arrangements. The discussion focuses on flexible working conditions and paid maternity leave. Childcare, covered in the previous section, was also relevant to participants’ workforce participation.

It was generally apparent in the participants’ narratives that they perceived that participating in the paid workforce conflicted with their childrearing responsibilities (see also Chapter 8, pp.217-219). Claudia, for example, talked about the stress she experienced doing three paid jobs as well as studying and being a mother:

I was doing all that, I don’t mention being a mum because that’s a given, that’s always there, but it got to the stage that it felt like I was just that stressed and tired I couldn’t be a good mum to [child]. And it just felt like I was dragging myself around all this other stuff and in
the end yeah – I just had to say sorry [boss] I can’t do this work for at
the moment, even though we need the money and all that.

Nevertheless, participating in the workforce appeared, if anything, to have mostly
facilitated participants’ childbearing by enabling them to cope financially; even full-
time mother Irene perceived working may facilitate her having a large family. She
said:

I think, at some point, like, if we have a lot of kids, we may need
some more money and I might have to go and work. So if that was the
case that would be a compromise that I was willing to do.

Participating in the workforce may have constrained two participants’ childbearing.
Most convincingly, Beryl’s full-time workforce participation had made her uncertain
she could cope with another child:

I want to have enough time to be there for the baby. Yes, all the
attention and everything. I want to be there for the two of them. I’m
not sure, ‘cause at the moment I work and then I’m at home and I’m
quite worn out.

Also, Una returned to work for financial reasons after having two children when her
partner was made redundant. At this stage her childbearing was constrained. Later
her successful self-employment meant she could afford more children as she had
originally wanted:

In many ways my returning to work, starting my business, made it
possible/affordable for us to have more children. It enabled us to do
that. I suppose we could have chosen to do it really earlier than it
happened. We just didn’t think about it, we’d kind of given up on the
idea of having four until number three turned up unexpectedly.

Nine other participants had at some stage worked more than they would have liked
for financial reasons (see Chapter 8, p.218) but, with the exceptions of Beryl and
Una, did not suggest working had affected their childbearing. Kay, for example, had
returned to full-time work after having her first child which was unplanned. She said:

We were just renting, spent our money overseas and trying to buy a
car and everything. And then found out I was pregnant… it just meant
I had to go back to work full-time from the time he was about 14
months until [second child] came along just to try and get money to get a house and all of that; pay the car off. Therefore both aspirations and having an unplanned child appear to have influenced the timing of Kay’s second child rather than work getting in the way of childbearing. In addition, all, except Una (when she first returned to work) and Maria, would have wanted some participation even if their financial contribution was not needed. Participants’ workforce participation, therefore, was related to their aspirations and partner’s participation and salary. Olga, Amy and Irene mentioned that their partners’ jobs provided enough financially for them to stay home. It is notable that Beryl’s quote above was as much about caring for a potential future child as it was about workforce participation. Most participants expressed a preference for at least some withdrawal from the workforce (see also Chapter 8, pp.217-219) and being the primary caregiver (see Chapter 8, pp.213-216). Therefore, the interaction between workforce participation and childbearing was complicated by financial and caring considerations (the interplay is further explored in Chapter 6, pp.148-154; Chapter 8, pp.213-219).

5.5.1 Flexible working conditions

Nine participants indicated they had flexibility in their working arrangements which enabled them to combine workforce participation with childbearing and rearing. Part-time work, casual work, self-employment, working from home and flexibility in hours worked were mentioned as arrangements that afforded participants flexibility. However, it was clear that the control participants had over these arrangements was also important. For example, Kay’s casual work arrangement made it more difficult to ensure her children were adequately cared for. She had little option other than to accept work when it was offered and frequently this was at short-notice. Alternatively, Anita said about her casual employment:

I work casually because I don’t want to put my children into childcare. I only work when my husband is available look after them… because of the type of work I do they can’t organise their roster around me. Well they can, but they don’t organise their roster around mothers, so I just quit and now I work on my terms. The hours I do are on my terms only.
Nancy had flexibility over when she worked but was unhappy because her work demanded long hours. She particularly objected to the unpaid overtime she was expected to do in her job. She said:

If you’re compensated then your family might be able to benefit from that; whereas instead they don’t. All you’re doing is working, you can’t give them anything in return. Ideally you would give them more time… I like what I do but there is just too much of it at times and I’m sure it affects my relationship with my children.

Wanda, although allowed flexibility, felt uncomfortable about taking time to attend children’s activities. Seven participants and all focus groups perceived that there was a general lack of workplace flexibility to allow for caring responsibilities, especially for male workers. These participants felt that this impeded men from taking on care duties, women from taking a greater part in the workforce, and women’s prospects within the workforce. Amy said about men taking on more childcare responsibilities:

…but that’s not going to happen until work becomes a lot more family oriented in terms of sort of the hours that we work and rather than sticking to the conventional norms.

In support of this view, Elaine’s ex-partner’s flexible working conditions had allowed her to return to work.

5.5.2 Maternity leave

At the time of interview in Australia, all women in permanent employment were entitled to unpaid maternity leave but paid leave was subject to individual employment conditions. Just over half the participants were entitled to paid maternity leave for their first child, fewer for subsequent children. Kay, Hilary, Sonya and Beryl appeared to have considered their eligibility to paid maternity leave when planning to have a child. Kay, Hilary and Sonya were entitled to paid maternity leave. Kay said:

I know how hard it is for families once that maternity leave has run out. Not just for me but other mums. You kind of just start eating away at other money, that you might have had saved or – and knowing you had a job to go back to as well, that is a really big thing. I would hate to be casually employed and have a baby and not know what you are going to do after.
Sonya said:

[Without paid maternity leave] the timing may have been different… I may have looked at the financial situation and said okay, well we are on a property and we have got quite a big mortgage and we would have probably set ourselves some goals or targets to have achieved.

Beryl, on the other hand, had lost her access to paid maternity leave after her first child which made her reluctant to have a second:

That might become an issue with the second one, because this job is not permanent. So I don’t want to become pregnant now because now I know what it is like to have paid maternity leave and to have a job to go back to.

Attachment to the workforce and continued financial input were valued by these participants. Other participants did not cite paid or unpaid maternity leave amongst their considerations. Therefore, paid maternity leave eligibility influenced only some participants’ childbearing decisions and particularly may have affected timing.

Participants were more likely to take maternity leave when it was paid than when it was unpaid. All participants who were eligible for paid leave took it whether or not they intended to return to their jobs. Intentions, however, changed. Penny and Zola took leave (unpaid and paid respectively) with the intention of returning to work but decided not to. Lara and Trish, who only had access to unpaid leave, made the decision to leave the workforce prior to having their child. Trish regretted her decision, she said:

[Paid maternity leave] would have allowed me to make the decision later whether or not to return to the workforce. As it was I had to decide to leave before I had the baby. It was only being at home that made me really realise what work meant to me, what I got from it.

Lara later returned to the same workplace but in a position with less responsibility and diminished working conditions that she did not enjoy. However, maternity leave did not protect all participants’ workforce status. Despite taking paid maternity leave, Elaine and Dawn did not have their jobs held for them. Dawn was at the end of a contract and Elaine said:

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…there was no suitable job to go back to. By the time I was ready to go back they had actually done away with my position completely. So I was offered another position but the hours just weren’t flexible.

Sonya, who was on paid maternity leave at the time of interview, had a similar experience but knew her rights. She said:

Like there are certain things they can’t do while you’re on leave. Like they can’t change your position, alter your position description etc., although they do try, and they said that they were going to try to do that while I was on leave. I did an email back saying “oh no you’re not”.

This evidence highlights the importance of maternity leave in protecting women's workforce conditions. Maternity leave only afforded protection, however, when it was accessed and when the participant was aware and able to argue for her workplace rights (hence was structurally aware). Paid maternity leave fostered continued attachment to the workforce, allowing participants to make a later decision about their workforce participation within the context of caring for a(nother) child. Unpaid leave appeared less likely to prolong workforce attachment.

5.6 Discussion

In this chapter I have viewed the research data mainly from the perspective of the first agency criterion: The individual’s preferences are not constrained by circumstances although circumstances may facilitate preferences. All participants identified circumstances within which they wanted to have their children. Mostly, prerequisites reflected the participants’ perceptions of what they believed they would need to cope in a self-reliant family unit. In accord with previous Australian research (Merlo, 2004; Weston et al., 2004), a suitable relationship with the right person (usually this meant married for a period of time), financial stability and experience in life were the most commonly identified prerequisites. Arguably achieving the set criteria facilitated childbearing. However, when children were born prior to criteria being met their advent was mostly looked on favourably. Insisting on all prerequisites being met, therefore, potentially constrained childbearing. This may be especially pertinent, in that prerequisites were probably largely determined by social mores rather than by individual reflection (critiquing, in the main, was found to be
Relationship status had most potential to facilitate or constrain participants’ childbearing. Thus, by implication, the findings support previous research that found the lack of a suitable relationship constrained women’s childbearing (Cannold, 2000; Fisher & Charnock, 2003). At the same time, however, getting married appeared to have led at least some participants to feel that they then had to have children. Participants’ narratives sometimes then suggested a pre-programmed path rather than the making of well thought-out decisions as would be expected of individualised agents (Beck & Beck-Gernsheim, 1995). Nonetheless, having a partner was not enough, they usually had to be suitable for fatherhood, but mostly ‘Mr Right’ had not been actively pursued. Wanda alone had actively taken measures to find a suitable partner. Therefore, forming a stable relationship with ‘Mr Right’ most commonly appeared to be a passive rather than active process.

Financial well-being also had potential to facilitate or constrain participants’ childbearing. Living in Orange appeared to have allowed some participants to have larger families because of housing affordability. Some participants had taken action to shape their financial circumstances and where they lived. The data also lends some qualified support for fertility theories based on economic rationalism (e.g. Easterlin, 1975; Leibenstein, 1975; Becker, 1991). However, it was notable that participants were not only concerned with their financial situation. Additionally, participants relied on a general feeling about their ability to afford a child rather than informing themselves about the direct and indirect costs through forgone earnings, suggesting lack of awareness of the financial implications of childbearing and lack of active engagement in their financial circumstances.

The findings partly agree with Canadian research (Benzies et al., 2006) in that some participants strove for independence and most had pursued education and established
a career prior to having children. However, pursuit of qualifications after childbearing demonstrated a number of participants had not felt that having children terminated their education and career development. The findings more generally agree with previous research which indicated that education and/or a career were not primary considerations to women contemplating having a child (Edwards, 2002; Merlo, 2004; Weston et al., 2004).

Travel (and living in Orange, for some) appeared to be about lifestyle concerns. Some participants had delayed having children in order to pursue travel (and other leisure interests) supporting previous findings (Caldwell et al., 1988; Merlo, 2004; Benzies et al., 2006). In the case of Wanda, she perceived that travel had delayed her having a family because it led to her partnering later, echoing previous research which found that travel was a barrier to partnering (Carmichael, 2007).

Pursuing activities related to self-expression and quality of life (education, career and travel) and leaving childbearing until later in life is in keeping with the post-materialist values theory of fertility (Lesthaeghe, 1983; van da Kaa, 2001) outlined in Chapter 2. On the other hand, contrary to postmaterialist values theory, the participants mostly prioritised relationship and financial security. However, the picture is complicated. Marriage and childbearing were still strongly linked but financial security often seemed to have been taken for granted. Seeking relationship and financial security suggests traditional values but taking finances for granted suggests postmaterialist attitudes (Inglehart, 1977). It was apparent that participants were aware that having children would constrain their lives so they wanted to do things prior to having children. Baker (2010) also reported New Zealand women as putting their lives “on hold” when they had their children. This again suggests traditional values in relation to childrearing (discussed further in Chapters 6, 8 and 9). These findings therefore also lend some support to 1980s research which concluded that, in the context of having children, Australians adhered to traditional values (Rowland, 1989).

The findings support Newman’s (2008) assertion that pregnancy and birthing experiences could influence future childbearing intentions. Newman observed that
negative experiences reduced the desire for subsequent children. However, the findings also suggest the number of children intended may be increased by positive experiences. Furthermore, the relationship between negative experiences and future intentions was complicated and depended on context. Negative experiences discouraged some participants but encouraged other participants who perceived they had not given birth ‘properly’. Furthermore, it was also apparent that a negative experience was not a barrier to planning another child when participants believed they could change the circumstances so that future experiences could be different.

Particularly when more than two children were considered, participants’ perception of support networks (beyond their own partner) was an important influence. Around half of the participants felt they lacked adequate support networks even when family were close geographically. Most participants appeared to have accepted what had been handed to them in terms of support from family and friends. The findings were also generally in accord with Newman (2009) who identified an association between larger families and greater support from grandparents and other relatives. This may reflect loss of social capital associated with smaller families (Bourdieu, 1986). Motherhood came as a shock to many participants and some participants, who were inadequately supported, were disinclined to seek help. Previous research similarly found women with newborn babies were reluctant to admit having difficulties (Swedberg, 2003) and seek help for fear of being stigmatised as an incompetent mother (Mauthner, 1999). Location may have been a factor in not seeking help because of uncertainty of what help was available, echoing Alston’s (2009) finding that rural women lacked information on support when having a child. Therefore in some cases, location and lack of involvement with an extended family may have constrained participants’ childbearing.

Some participants considered Orange’s maternity services poor. Postnatal support was considered lacking by two participants. Renee complained she had not known about the postnatal support she could have accessed. Participants who deemed Orange’s maternity support services were very inadequate planned to have children elsewhere, thus avoiding their childbearing being constrained. Most participants,
However, appeared to have considered maternity services adequate. Maternity services, therefore, were not perceived as a significant source of constraint.

The accessibility and availability of childcare appears to have affected two participants’ childbearing. The difficulty of finding childcare for children under two affected the timing of Hilary’s children and the cost made Beryl hesitant to have a second child. When choosing a childcare provider participants were concerned about convenience, flexibility, affordability and quality, similarly to previous research findings (Long et al., 1996). Childcare services were mostly accessed to compensate for lack of a private support network, in order to attend work and other activities and for respite. Some participants had not considered using childcare and most minimised its use by restricting their workforce participation or by enlisting family members to care for their children. Two participants had used formal childcare for full-time work hours. This pattern of childcare use is consistent with the general pattern of arrangements in Australia (Gray et al., 2005; Harrison & Ungerer, 2005; ABS, 2008c; Gray, 2008; Nowak et al., 2013). Also consistent with previous findings (Probert, 2002; de Vaus, 2004; Hand, 2005; McDonald, 2005) participants’ attitudes to the desirability of the use of childcare varied. However, participants generally thought it desirable that their children were cared for either by themselves, their partner or another family member. Similar to Probert (2002), negative attitudes towards childcare did not tend to arise from personal experience. Participants who used childcare services were satisfied with them. Given the finding that about half of participants lacked private support means childcare offers an alternative source of support. Flexible childcare sometimes provided support that was otherwise lacking. Accessibility, affordability and attitudinal barriers to childcare access may then act as a further constraint on childbearing.

Echoing previous findings (Merlo, 2004; Maher, 2008), family benefits did not appear to be a major influence on having children. Most participants had not consciously considered government family support payments. The participants’ views that their own childbearing was not influenced by government cash incentives contrasts with those who maintain family benefit payments affect fertility rates (e.g. Gauthier & Hatzius, 1997; Milligan, 2005). However, family benefits may indirectly
influence fertility rates by easing the financial burden of childrearing and therefore improving individual perceptions of financial well-being believed to be important for facilitating childbearing (Parr & Guest, 2011). It is possible, therefore, that family benefits had contributed to participants’ perceptions of financial well-being and therefore had an influence unrecognised by participants. Alternatively, participants may have been amongst those least likely to have been influenced by such payments because of their age, relative prosperity, and because their fertility desires concurred with those of their partners (see Chapter 8, pp.210-212). Arguably teenagers and the least well-off were most likely to have interpreted the Baby Bonus as sufficient incentive to have a child (Lattimore & Pobke, 2008; Risse, 2010). Also, it has been found that couples who agree about the number of children they want are least likely to have been influenced by the Baby Bonus (Fan & Maitra, 2011).

Workforce participation appeared to have mainly, if anything, facilitated childbearing. Therefore, the hypothesis that the financial necessity for women to work has constrained women’s childbearing in Australia (Sullivan, 2003; Manne, 2008) was not supported. Flexible working conditions and paid maternity leave, which encouraged and allowed participants to combine work and family, were part of the conditions that facilitated childbearing. This finding supports the argument that childbearing may be facilitated by work related policies which allow women to combine childrearing with workforce participation (Castles, 2002). The findings also supported the notion that paid maternity leave may contribute to facilitating women to have children (HREOC, 2002) and may encourage women to have their children at a younger age (Risse, 2006). However, that paid maternity leave is unlikely to have a significant effect on fertility levels (Gauthier & Hatzius, 1997; Productivity Commission, 2009) was not challenged. Commentary on women’s shifting workforce participation intentions pre and post childbirth is not apparent in the literature. As participants changed their minds about whether or not they would like to return to work after having children, it was also shown that paid maternity leave was better than unpaid leave at facilitating employment status maintenance long enough to allow participants to make informed decisions about their continued workforce participation. However, because participants changed their minds in either direction the evidence neither supports nor challenges the association made between
paid maternity leave and increased long-term workforce attachment (Productivity Commission, 2009). It would be expected, nonetheless, that employment conditions that included family friendly policies such as paid maternity leave were associated with women returning to work after childbearing.

5.7 Conclusion

Relevant to the first agency criterion (the individual’s preferences are not constrained by circumstances although circumstances may facilitate preferences) it was apparent that participants’ circumstances and attitudes varied considerably and so no individual structural resource element could be said to consistently constrain or facilitate the participants’ childbearing. However, it was apparent that each resource potentially influenced childbearing. Notably, however, there was an expectation of self-reliance and self-fulfilment. This was apparent in the prerequisites that were set and the participants’ attitudes towards recourse to support from outside the family. The most important prerequisites, a stable relationship and financial security, were aimed at providing a secure child raising environment. Nonetheless, the importance of achieving the prerequisites was questionable, so believing they were necessary may have constrained childbearing. When children arrived prior to prerequisites being met they were usually coped with and looked on favourably. Adequate support potentially facilitated childbearing (and vice versa). However, participants often lacked private support and were often reluctant to draw on public support; as such, family support payments appeared to have little influence on the participants’ childbearing. Workforce participation, on the other hand, appeared to mainly facilitate childbearing. Yet, since workforce participation was often seen as conflicting with childrearing, policies that facilitated women with children to work appeared to be inadequate. It was particularly notable that, restricted by inflexible service, finances and their attitudes, participants often constructed their own solutions rather than accessing publically provided childcare.

In regard to the sixth criterion (the individual is reflexive (i.e. is structurally- and self-aware, self-monitors and critically appraises their actions)), evidence of reflexivity was mixed. There was evidence that the prerequisites were determined largely by social mores rather than arising from considered assessment. In addition, a
general feeling of financial well-being appeared to be relied upon rather than calculating financial circumstances and implications. Appraisal of the importance of the prerequisites appeared to have occurred only when there was discontent with outcomes. Nevertheless, the prerequisites demonstrate that participants knew having children would restrict their lives and had thought about their circumstances and provision of an environment conducive to childrearing. However, that motherhood came as a shock to many participants suggests they were not fully aware of what motherhood would entail. There was also evidence that often participants had not considered what public support was available to them to assist in raising children.

In regard to the seventh criterion (the individual is able to manipulate their circumstances and social context to enable their preferences to be achieved), there was evidence that some participants were able to shape their conditions on some occasions but it could not be said to have been generally the case. The defining of prerequisites by most participants suggested they perceived they were working towards achieving those circumstances and that they had at least some control over circumstances. Transformative abilities appeared to vary with the circumstance in question and participant. For example, one participant had clearly taken action to find a suitable partner. Nevertheless, a *laissez-faire* attitude was generally woven through the narratives. Possibly, because prerequisites were largely socially defined, there was also an expectation that the right circumstances would eventuate. This incapacity, in the main, to transform context sits in contrast to the participants’ discourse of control and self-reliance. Importantly, the participants’ expectation of self-reliance, that they could shape their circumstances, probably accounted for the lack of influence of government policies and childcare provision and the positive association between workforce participation and childbearing.

In this chapter I have demonstrated that the influence of structural resources varied depending upon circumstances, experiences and attitudes of the individual. Participants were only reflexive in some contexts and mostly did not manipulate their circumstances. In the next chapter I consider more cultural (rules) aspects of structure by exploring the influence of social pressure.
Chapter 6: Social pressure – compliance and resistance

…reproductive behaviour is under stringent institutional control… this control constitutes, in many respects, a coercive pronatalist policy (Blake, 1974, p.277).

6.1 Introduction

The previous chapter considered the resources aspects of social structure. This one turns to the rules. Here I view the data from the perspective of the second agency criterion: The individual is able to act independently regardless of social pressure but this does not necessarily mean acting contrary to social pressures. Therefore norms, discourse, and expectations relevant to childbearing that create pressures to conform and how these were perceived by participants are explored. Evidence of participants’ reflexivity in relation to social pressures (sixth criterion) is also looked for. In addition, the findings of this chapter have implications for the seventh criterion in relation to whether participants were able to manipulate their social context. Although no individual could alter social pressures and norms on their own, the behaviour of a group is the sum of individual behaviour. Additionally, a tolerant attitude to difference indicates amenability to change, making change more likely.

It was seen in Chapter 1 that since settlement the government has proselytised pronatalism to white, middle-class, heterosexual women (Howe & Swain, 1994). Moreover, Judith Blake (see quote at head of chapter) asserted that an underlying pronatalist predilection of society exerts coercive power which excludes the possibility of childbearing agency. Attitudes have changed little in the decades since Blake wrote her manuscript. Chapter 1 clearly demonstrated that women continue to be subjected to social pressures to modify their childbearing to suit political and environmental agendas.

Diverse social pressures have been understood to influence women’s childbearing. The conflation of the feminine identity with motherhood has created pressure on
women to have children (see Chapter 9). It has been argued that normative explanations may best account for the decision to become a parent (Ory, 1978; Udry, 1982) even when there is denial of bowing to normative pressures (Udry, 1982). Indeed, many explanations of childbearing behaviour have incorporated a normative component (e.g. Fishbein & Jaccard, 1973; Blake, 1974; Fried & Udry, 1980; Lesthaeghe, 1980; Cleland & Wilson, 1987; Lesthaeghe & Surkyn, 1988; Miller, 1994). The number of children a person has, for example, has been found to be influenced by the size of their family-of-origin (Kohler et al., 1999). Even so, the diversity of family forms (including families without children) has increased in Australia since the 1970s. The acceptance of this diversity also appears to have increased (Australian Government, 2008; Hayes et al., 2010; Moloney et al., 2012) insinuating that social pressure to conform to a ‘typical’ heterosexual couple with children model has weakened. Nevertheless, Australian women are still reported as having a completed fertility norm of two to three children (Hayes et al., 2010).

That said however, family size norms have been found to vary for different social groups (Thomson & Goldman, 1987; Newman, 2006). For example, it has been observed that religions may create subcultures that provide reference groups of large family sizes (Heaton, 1986). Catholicism has particularly been associated with large families (Ware, 1973; Borrie, 1975; Meyer, 1999) and known for prohibiting contraception (M. Baker, 2008). However, it has also been found that religious institutions no longer represent a significant source of the pressure on (married) women to procreate (McQuillan, 2004); although religions may be still be influential under some circumstances (Pearce, 2002; McQuillan, 2004). Women have also been subjected by the environmental movement to pressure to limit childbearing. As discussed in Chapter 1, prominent Australians have argued for the necessity to restrict the Australian population (e.g. Flannery, 1994; Hamilton, 2002).

Childbearing has been expected to occur in the right circumstances and, as was also discussed in Chapter 1, not all women have been viewed as eligible for motherhood. Marriage, associated with stability (de Vaus, 2005; Maley, 2009) and adulthood (Rossi, 1968), has particularly been seen as a precondition for childbearing for those deemed eligible. The link between marriage and children has prescribed childbearing as only the ‘rightful’ domain of heterosexual couples (Young, 1997); whereas single
parenthood (particularly teenage motherhood) has been associated with welfare dependency (Leach, 1994; Young, 1997; Harris, 2004; Weston et al., 2006; Jeon et al., 2011) and has therefore been stigmatised (Ellison, 2003; Hughes & Kelly, 2005). On the other hand, in recent years there has been much discussion in the popular media of women leaving motherhood too late (e.g. Haussegger, 2002; 2005; Manne, 2002; Laurance, 2008) and criticism of older mothers as selfish (Pownall, 2011) lest they are unable to have children at all or are unable to meet expectations as mothers. Hence, in addition to passive social norms, many pressures appear to have been aimed at manipulating women’s childbearing behaviour.

Women have also been subjected to social pressures in regard to childrearing responsibilities and workforce participation. The perception that children are best cared for by their mother (Marshall, 1991; Tizard, 1991; Leach, 1994; Teghtsoonian, 1997; Biddulph, 2006) has placed an expectation on women having children that they will be the primary caregiver. Parsons (1955b) argued that the public/private sphere division within modern societal structure, in conjunction with the nuclear family, exacerbated the differentiation of male and female parental roles. Hence the breadwinner father and primary caregiver mother family model became dominant. This has remained the normalised family model. This division of roles has been further underlined by the ideology of the good mother (discussed in Chapter 2) who unflinchingly devotes herself to the care of her children. Furthermore, more recently women have been faced with dual social pressures which conflict. Women are called upon to conform to the good mother ideal and be a productive member of the paid workforce (Woodward, 1997; Lupton & Schmied, 2002; Pocock, 2003; Vincent et al., 2010). Women have been cited as adding to this pressure; the popular media has portrayed mothers with careers as ‘at war’ with stay-at-home mothers (e.g. Manne, 2008; Chung, 2012). It has been asserted that the pressure for women to be active workforce participants has arisen from capitalism (Macken, 2005) and feminism (Haussegger, 2005; Macken, 2005). Some have suggested capitalism and feminism have synergystically (Gilbert, 2008; Manne, 2008) worked against women’s preference to withdraw from the workforce in order to dedicate themselves to childrearing (Evans & Kelley, 2002; Hakim, 2003a; Gilbert, 2008; Manne, 2008). However, others have argued structural constraints are largely the cause for women
stating they would prefer to withdraw from work (Williams, 2000; Probert, 2002; Samson, 2002). Therefore arguments have tended to be circular and may have exacerbated pressures.

This chapter analyses the participants’ perceptions of the social pressures, the source of those pressures and their understanding of the role the pressures played in their behaviour. In this chapter, I do not attempt to refute the pressures on women outlined above but look for evidence of participants’ independent (most obvious when social pressure is resisted) and mindful behaviour. In addition, I look for evidence that participants perceive pressures to be weakening or changing. In the sections that follow the participants’ perceptions of pressures in regard to becoming a mother, when to have children, family size, childrearing responsibilities and workforce participation are examined. Finally participants’ general perceptions of social pressure in regard to families are covered. Discussion of participants’ reaction to the pronatalist government message has previously been published (Read et al., 2007, Appendix J).

6.2 Pressure to become a mother
This section explores the participants’ perceptions of the pressures they were under to have children and where they believed that pressure had come from.

Most participants perceived that women were under societal pressure to become a mother. Indeed, Anita and Wanda acknowledged their complicity in pressuring other women. They suggested that if women knew what motherhood was really going to be like they would be less inclined to have children. Furthermore, Wanda ventured “maybe it’s a good idea not to, not to tell them all the downsides only the good sides.” Hence, these participants believed it was necessary to present a positive view of motherhood to ensure women had children. The focus groups acknowledged the pressure to have children by commenting that not having children required determination (Appendix L, Excerpt 1). Chris and Yvonne made similar comments in interviews. Yvonne perceived there was a general perception in society that:

If you don’t have kids therefore there’s either something wrong or, there’s you know, it’s a very, very, determined choice not to.
The pressure to have children was particularly perceived when participants married. Sonya, for example, recalled:

Yeah, it was interesting how many people do ask you as soon as you get married, when are you having kids?

Similarly, Anita believed having children was expected of her because she was in a heterosexual relationship. She explained:

There was just always that assumption, especially as I’d been in a relationship for about six years. Certainly there are plenty of women in my family that don’t have children and made that choice but I think they even expected me to have children… Well one of my sisters is gay, so it wasn’t assumed that she would have children, although I guess she didn’t enter into a relationship until she was 40, so, yeah. My auntie married very late so, there was never that. I guess earlier in their lives there was that expectation certainly, but people got over it.

On the other hand, Yvonne noted that her parents were careful not to apply pressure. She said:

I found out much later that, they were biting their tongue around us a lot trying not to say “When are you going to have kids?”

However, Wanda was also aware that approval of childbearing communicated expectations. She said:

I suppose people tend to think “oh it’s nice you’re having children”… So I suppose there might have been general approval, that you are doing the right thing or doing the expected thing.

On the other hand, Dawn and Gemma perceived that the expectation on them to have children was inconsistent. Gemma said:

When we first got married both sets of parents of each of us assumed we would have children but then the longer it went on they all made assumptions actually that we wouldn’t have children. And when we did finally have children we took them all by surprise. I remember my husband’s sister said to me “oh I thought you were a career woman.”

Therefore, there was general acceptance that there was widespread social pressure for women to become mothers. On the other hand, there were occasional small glimpses that not having children was recognised as a possible option. However, participants’
perception that remaining childfree would have been socially difficult implies that childlessness for women was still not fully acceptable.

Parents and peers were perceived as the greatest influence on participants having children; the popular media was identified as a source of pressure and religion appeared to be influential for some. Participants’ and partners’ parents commonly had expected participants would have children (given the right circumstances (see Section 6.3, pp.135-139)). Zola and June spoke about the influence of parental expectations on their preferences. Zola said:

I think my parents’ expectations probably were more important than I would say because they formed my whole view of the world growing up so I would guess that’s where my original expectation of, that I would have kids, came from.

And Chris felt an undercurrent of pressure from her mother. She said:

My perception of what my mother would want is that she would, definitely would, have wanted me to have children but not that she would assume that I would. There would be pressure if I didn’t.

Other participants recalled more overt pressure. Gemma said:

[Partner’s] mum used to gently push, she was just, oh she was desperate for [partner] to have a child because she adored [partner].

And Trish said:

There was also a little pressure, well I say pressure, it was more not so subtle hints that family expected something to happen along those lines… Not that it would have really bothered me. I wouldn’t have had kids just for them, but I suppose it makes you think about it instead of continuing to put it out of your mind.

Five participants recognised that they had been influenced by their peers to have children. Most explicitly Lara said “I thought everyone here has babies, how else am I going to fit in?” And Chris expressed her longing to conform when she said:

And then during that experience of infertility I did feel very separate from my sort of cohort of friends that had children so then it did sort of had this thing of wanting to be normal and wanting to go through what my friends were going through. Yeah so, that idea of it being the
normal thing. But why you would want to be normal? I don’t know, but obviously I do want to be normal.

The popular media was mentioned in all focus groups and by four participants in interviews as pressuring women to have children through depictions of the “traditional family” and by painting an overly ‘rosy picture’ of motherhood. In Focus Group One a participant said:

I think one way the media portrays it is that as a female adult it is almost the normal thing to have babies. It is one where you are going to fulfil yourself.

On the other hand, there was little evidence that religion had been a source of pressure for most participants. When asked in the first round of interviews, only Irene believed that her religious beliefs had been a factor in her having children. She said:

Like kids are a gift from God as far as I’m concerned. And I have always kind of figured that was what I was here to do… to bring up kids and teach them about God. I figured that was my purpose in life.

Most participants believed that people, other than their partners (see Chapter 8, pp.210-212), had not influenced their childbearing. Lara, Elaine and Trish were the exceptions. Trish for example said:

I guess that is just that whole society expectation that you will have kids. There must have been part of that affecting us. The expectation coupled with biological drive is very hard thing to fight against – and your partner wanting them. Good god, how would I ever be able not to have kids unless I just physically couldn’t.

Nevertheless, there were indications that the expectation and pressure had some influence on the remaining participants. For example, the participants themselves had presumed getting married would mean having children (see Chapter 5, p.99) and frequently reported they had always assumed they would have children (see Chapter 7, pp.165-167). Moreover, although the participants appeared to be aware of social pressure it may have only been recognised in hindsight. Yvonne said:
It’s a great conspiracy... I haven’t really thought about it before... I've picked it up from my surroundings, “you’re a woman, you'll have kids.”

Similarly, Chris thought:

You know, we don’t perceive that those things are acting on us, maybe until hindsight kicks in.

Nevertheless, a few participants spoke of their active resistance. Amy and Olga related stories that demonstrated their resistance to conform with their peers when they believed it was not right for them or their families. Amy said:

Well, I think we'd been married about 12 months and I think it was [partner’s] brother, his wife was expecting another baby, his cousin was having a baby and whether there was a couple of others and I sort of remember thinking – I really want to have a baby – sort of thing but we’d only been married 12 months and sort of knew that then wasn’t the right time.

Moreover, Beryl and Trish used their peers’ experiences to mindfully establish what they wanted for themselves. Trish, for example, told me about a friend who had struggled after having a child in her teens:

…and that friend I mentioned earlier, that made me not want to have them when I was younger. I think you do look around and take that all on board. How you see other people coping affects your own decisions.

Such interactions suggest these participants did not always unthinkingly follow others. However, it would seem that rather than questioning whether motherhood was right for them the participants had mainly resisted pressure to have children at a particular time.

6.3 The ‘right’ time

This section looks at when, or under what conditions, the participants perceived they were socially expected to have children. Two themes emerged: the pressure to be married and for the mother to be a particular age.

Participants perceived the social pressure to bear children within marriage was perceived as still strong but weakening. Some of the participants had resisted the
pressure to marry; four were in de facto relationships including Vera (Catholic) who quipped: “I’ll burn in hell”. Claudia had resisted a great deal of pressure to marry. She told me that her unplanned pregnancy:

…caused a rift between me and my family because they very much wanted me to get married and I was quite opposed to it; because I felt I would be getting married for all the wrong reasons. And because of that I had my Mum not talk to me for two months when I got pregnant, which was very difficult at the time.

Claudia also related:

I still had a lot of people, once I said I was pregnant, saying “so when are getting married?” – “I’m not getting married”. Yeah I still really felt like I was banging my head against a wall, like that, you know that was in 2000. It was like “sorry I don’t have to do what’s expected anymore in terms of that and I don’t want to and I’m really glad I don’t have to. You’re entitled to your opinion but that is not going to make me get married”.

While childbearing occurred outside marriage and participants perceived that this has become more acceptable, there was a great deal of expectation that participants would be married when they had their children. When asked in follow-up interviews, all participants said their parents expected them to be married before having children. Participants had often felt strong pressure from their parents who communicated the social stigma and stereotypes associated with being an ‘unmarried mother’. Claudia said:

I know in my mum’s case part of her reaction was like “oh my god, what’s everyone going to think, my daughter’s having a baby out of wedlock”… all my dad had to say was “aren’t you going to get married?” and I went “no” and he said “well, so you’re just going to go on social security and steal from the man who’s trying to pay off his mortgage and his car loan.”

Additionally, Yvonne said:

I came from a small country town and there was real stigma attached to unplanned pregnancies and single mums and that sort of stuff.
For most participants marriage was the first step to having children (see Chapter 5, p.99). Indeed, Hilary and Anita (both Catholic) had married after being in de facto relationships for prolonged lengths of time, in order to have children. Hilary, Zola (Catholic) and Nancy (other Christian faith) attributed to their religious backgrounds their perception of needing to be married in order to have children. Hilary said:

My husband, [partner’s name] and I had been living together for eight years or so… We are both Catholics and it was that guilt kind of thing. I mean you sort have grown up with the “you don’t have children out of wedlock”. Yeah, if we hadn’t been married it wouldn’t have been a problem either but it felt to us important and especially for the kids as well. Social stigma, not that I think that is much of an issue now, but when we were growing up it certainly was and you just feel you should be doing that.

Three participants had bowed to the pressure to marry after they had had a child or became pregnant. Faye said:

My mother got very, was really getting quite angry by then and upset and said you should do the right thing and get married. So we did the right thing and got married.

Wanda experienced pressure from her mother and from her partner:

[Partner] would have liked to get married even before I was pregnant but I suppose I was a bit hesitant. And then when we did fall pregnant I thought I suppose having a baby is enough to cope with at the moment, I’ll think about getting married later… my son’s birthday’s in June, so it was the March before he turned two… we had a weekend away and my partner proposed. Well he had proposed before, but I had sort of run out of excuses by then… So we did things a bit differently to normal. We sort of had a baby, then we lived together and then we got married.

In most cases participants had married at some stage. Furthermore, it is apparent from the narratives of Anita, Dawn, Wanda and Faye they had married not because it was something they had wanted themselves but rather because it was expected by others.
The pressure to have a child (or avoid having a child) at a particular age did not feature as strongly in participants’ narratives as the pressure to be married. The focus groups mentioned that teenage (and even early 20’s) motherhood was frowned upon but there was also discussion that biologically this was the right age to have a child. Additionally, six participants alluded to their parents not wanting them to have children ‘too young’. Gemma said:

I know my mother always said, and she’s a staunch Catholic… She told me this later not as a teenager – that she would have had me down to the doctor straight away for a termination.

Yvonne appeared to be most aware of pressures around age. She perceived there were pressures both to postpone and not to postpone childbearing. She said:

There’s so much pressure put on people to put off having kids and now it’s starting to go the other way, you know. The whole guilt trip of don’t put it off too long; you may not be able to have them. I think it is just a matter of informing people I really feel that there’s a lot of emotion attached one way or the other, just depending on which point in history you’re standing in. But you know the, if you leave it too late you’ve got more chance of having kids with disabilities, blah, blah, blah, if you don’t have kids, if you have your children too early you’re not going to be an active member of society, you’re not to be able to have a career… you know there’s all that emotion attached to it. Whereas I think it is more important to inform people – good points, bad points, let them make the decision.

Yvonne here alludes to social pressure to be economically productive, which was also apparent in Claudia’s quote above. Yvonne did not associate pressures with her parents but rather appeared to be referring to a general social discourse. Yvonne’s linking of educational and career attainment with age pressures was also apparent in other participants’ narratives (pressure in regard to workforce participation is further discussed in Section 6.5.2, pp.150-154). Gemma related:

My mum was very clear that I should have the chance to reach my potential without being held back by a child… she was too young for university, came from a working class family and she never reached
her potential and then she got married and had kids and was very happy… but I think there is a tinge of regret for her.

Similarly, Maria said:

I was the first one of my father’s family to go to university, so that then became, that was sort of a bit of pride as far as he was concerned. Then, you know, I had postponed uni and gone overseas and ended up pregnant and married and tut, tut, tut, it wasn’t what he wanted… My father told me, how could he possibly tell anyone about my pregnancy? I was a social pariah as far as he was concerned because I hadn’t quite met his criteria.

These participants therefore perceived the pressure not to have children at too young an age was connected with the pressure to obtain tertiary level qualifications, establish a career and be economically self-sufficient.

6.4 The ‘right’ number

This section considers the participants’ perceptions of the pressure to have a particular family size; what that size was and the sources of pressure. It includes consideration of materialism, religious ideology and environmental and government messages.

There was unanimous agreement in the focus groups that there was a widely held assumption that women would have more than one child, if they could. Yvonne perceived this expectation as pressure she said:

Look I will say there was a lot of pressure after [child] was born to have a second one really close to… once you’ve had that one child it’s like “so when are you having your next one?” And there’s a real expectation out there that there will be more than one.

Beryl had particularly experienced pressure to have a second child that she appeared to be finding hard to resist. She said:

Well my husband’s parents say, well they start off sort of jokingly “oh, it might be time to be having another playmate for [child’s name]. Then you would get this “I think it would be very sad for the child not to have a brother or sister.” So I find that I don’t really like
that sort of comment. Yes but then I think it is fair enough, it’s probably sad for the child not to have a brother or sister... I don’t think it is fair for someone to say “I think it is very sad for a child not to have a brother or a sister.” Yes, so I think that is why I am going to have trouble in the family if I am going to say that’s it.

The expectation that women prioritise their child’s welfare (see also Section 6.5.1, p.148) appeared to underlie the pressure to have at least two children. This was apparent from the ideological sayings and attitudes that depicted only children as lonely, selfish or spoilt. In interviews Gemma and Irene quoted their mothers (who had no siblings) saying “only child, lonely child”. Irene when asked why she would not stop at one said she wanted:

...friends for [child] and I really think it will help him be less spoilt I suppose because he has to share and stuff like that. I think having a brother or sister is also a really good thing. So I think it will really improve [child]. ‘Cause he is already very social but it will give him, yeah, I suppose people to play with but just people to talk and everything really, yeah. One can be pretty lonely.

Other family size preferences also appeared to be influenced by ideology. Gemma and Lara expressed an aversion to odd numbers and Penny quoted the adage “three’s a crowd”. As only a minority suggested they wished to avoid having three children the ideology does not seem as pervasive as for that of having more than one. Rarely was received wisdom questioned. Beryl considered stopping at one child despite having gone into motherhood believing only children were spoilt and lonely and being pressured to have more children. Her experience with her own child had led her to believe that this was not necessarily the case. She said:

I didn’t think that I would have just one child... I was always under the impression that one child was sort of – some people say they can become a bit selfish because all the attention is just on one but I don’t think that anymore.

Chris, on the other hand, only questioned with hindsight whether she had really done the best thing for her first child by having a second. She said:
You don’t want your child to be without the experience of having a sibling but then again is that rational because ‘the only’ could have so much more.

Participants therefore, mostly appeared to be driven by the ideology to have at least two children but appeared to be unaware that they were complying with pressure. Beyond two children ideology appeared to be less important.

Peer behaviour was identified by focus groups as a major influence on family size. Two participants talked about this influence in interviews. Hilary saw her friends with more than two children as supplying role models:

I see they can handle it, lots of good tips. And I guess we do discuss it with them and they couldn’t imagine not having them now and always after two felt that they needed to have more. Yeah, and that is just how we feel too; we just don’t feel we have stopped yet. I hope not.

Similarly Sonya said:

I suppose I see [friend] with her two year old, and her four year old and her new baby and stuff and the way they interact and a completeness in a way I suppose I can sense. And I suppose it makes me look into the future and see how we will be as well… it’s a positive reinforcement that, yeah, you are doing the right thing.

Sonya and Hilary’s statements imply that peer behaviour validates and provides approval for their own intentions and behaviour. Therefore family-of-origin (see also Chapter 7, pp.174-175; pp.178-179) and peers provided reference groups with which participants compared their own childbearing. As family sizes have become smaller on average, the family-of-origin and peers may have provided quite different points of reference.

Participants also perceived strong normative pressure to restrict the number of children they had. Focus groups perceived a family size of greater than four children tended to be treated with disapproval. Maria, Kay, Faye and Nancy felt pressure from their parents to restrict their childbearing, even though only Faye had more than four children. Kay had received a clear message from her mother:
Mum didn’t want us to have more than three. She thought three was enough for us. I think just only having two children herself… she made it very obvious: “No you’re not going to have any more.”

And Maria’s father said to her “you breed like rabbits”. Alternatively, Maria and Faye also perceived they had been encouraged by friends to have further children. Faye referred to some of her friends saying “Go on. Go on. You can do it.” in regard to her pursuit of a large family.

Capitalistic and materialistic attitudes were seen as indirectly pressuring women to limit childbearing. Some participants perceived material wealth had become a societal priority and childbearing was only expected to occur when parents could liberally provide for their offspring. This was discussed in all three focus groups (see Appendix L, Excerpt 2) and by some participants in interviews. Elaine and Amy perceived capitalist society pressured women into reducing the number of children they had. Elaine suggested this was because materialism forced women to work more than they desired, while Amy blamed the fast pace and lack of family-friendliness within society. Claudia and Irene acknowledged they were affected by materialistic pressures. Irene said:

I suppose the other thing is that the world in general, well Australia in general is pretty materialistic. So, like you need lots of stuff and stuff costs money… Like I think that it in some respects, like I’m thinking we have lots of play equipment and toys, and but yeah. I think I’m inclined to say that stuff’s good. But if we didn’t have it then I could learn to go without. And yeah [partner] is the same way really. But I think when you’re a teenager it’s harder, like not being able to give your teenagers everything they need or everything they think they need.

And Sonya and Yvonne talked about making childbearing decisions around being able to financially maintain their lifestyles. I had this exchange with Sonya:

*Donna:* So do you think that if you had more than three, that you would perhaps be struggling financially?

*Sonya:* Realistically, no, not on my husband’s wage – no probably not.

*Donna:* But it’s about providing the good things in life, is it?
Sonya: Yes and for us to maintain the lifestyle etc. because we have got a pretty good lifestyle and we can do what we wanna do.

Elaine and Lara talked about materialism affecting other people they knew or society in general. Elaine said:

I mean a lot of it is pressure we put on our selves which is again back to the materialism, which is the ‘we’ve got to have the brand new house, we’ve got to have the brand new car’… well what happened to buying the old cheap fibro at the end of the street and you spend the next ten years doing it up and pay it off and then you’ve got a base to start on. It’s yeah, it’s like you know, you don’t need the material stuff.

On the other hand, Faye, Trish, Maria and Gemma denied having high material expectations. Faye, for example said:

I have to say, [partner] and I never had big expectations, like we didn’t have to have all the most up-to-date. It was only last year we brought a big television; we always had a little portable before that. We’ve never had all the big mod-cons… It wasn’t important to us to have big fancy stuff; it’s never been a priority.

Furthermore, Dawn, Faye and Irene spoke about the economies-of-scale possible when having larger families. Dawn, who had four children, was proud of her frugality:

I don’t buy anything new. They live in hand-me-downs. The cot was second-hand, yeah when I brought it. The car seats been through the same, that sort of thing.

While Kay thought she tended to “over indulge” her children she did not see materialism limiting her family size:

My observation as I have had more children and from other people as well, is that you tend to spend what you get, the money you get accordingly. If you’re not earning as much you just cut back in some ways and you still get by; whereas we tend to be a bit more indulgent if we are earning a bit more money. So even if we had four we would still cope, it would be okay.
The data therefore presents a mixed picture of materialism as a source of pressure. Few participants recognised materialism as an influence. However, materialism is generally regarded negatively which may be the reason why it did not feature more prominently and why while Elaine and Lara talked about it they did not attribute it to themselves. On the other hand, as there were no direct questions on materialism or capitalism its emergence as a theme may be significant.

Few participants appeared to be influenced by religious beliefs in regard to the number of children they had, despite over two-thirds identifying a religious affiliation. The greatest influence appeared to be in the area of termination decisions. Three participants said because of their religious backgrounds (two were non-practicing at the time of interview) they had not terminated, or had not considered terminating, an unplanned pregnancy. Alternatively, another participant felt that her belief in eternal, cyclical existence of a “life-force” allowed her to have four terminations:

…it gives me comfort, if this person wasn't born this time another time. For me it doesn’t stop the existence of that being, of that person.

The two participants who were most pronatalist, Irene and Faye, identified as Anglican. As indicated above, only Irene linked her childbearing intentions with her religion. As discussed, Catholicism has been associated with large families and banning contraception, therefore the behaviour of participants with a Catholic background is noteworthy. Six participants identified themselves as Catholic and three said they had a Catholic background. None appeared to feel compelled to comply with religious dogma in regard to contraception. Anita said of her family:

I’m from a family of 7, in that generation there were lots of kids, Catholics of course, and then in my generation, yeah, more typically two.

Further, three of these participants overtly recognised that by using contraception and in-vitro fertilisation technology they were defying the teachings of their religion. Therefore, they were aware of the pressure inherent within Catholicism but the pressure applied by the religious ideology appeared to have mainly been resisted. As discussed, fertility restraint for the sake of the environment has been advocated and consequently may have influenced participants’ childbearing attitudes.
Therefore, in the first round of interviews, participants were asked if world or environmental concerns formed any part of their thinking in regard to having children. Seven participants said that environmental concerns had influenced them. In addition Chris, recruited at the focus group stage, also mentioned environmental concerns as an influence. June and Trish saw environmental concerns as central to their thinking. June said:

Have you been to India? Have you been to South East Asia? Have you been to Africa? One’s a really good option, I mean. My childbearing decisions are based on those experiences.

And Trish said:

I really can’t imagine wanting more than two. I guess I got the message as I grew up about population explosions and that kind of thing; that educated smart people don’t have more than two children, they just replace themselves. There has been so much criticism over the years about third world countries and India and China and their huge populations, the famines in Africa – all that kind of thing. I guess that was all so deeply ingrained that I just couldn’t begin to think about having more than two.

June and Trish exhibited a clear awareness of environmental ideology and the role it played in their childbearing preferences. For the others, the influence of the pressure was less clear. The worries other participants had about the environment contributed to a range of concerns, particularly when considering a subsequent child. Yvonne, for example, explained why she did not want a large family:

…it’s just not sustainable economically, environmentally, mentally I suspect as well… I guess it is since [child] has been born that I’ve really thought about, what’s it called, your footprint, your environmental footprint that you’re leaving and how big an effect and stuff like that.

The perception that climate change was a human problem increased between the first set of interviews and the second. The Al Gore film An Inconvenient Truth, which raised the profile of the issue, was released in 2006. In 2007 ‘Earth Hour’ was started in Sydney (Earth Hour, no date) and climate change was a major issue at the federal election in the same year. Growing concern may explain the apparent contradiction
between what Claudia said in her first and second interview. In the first interview she said that environmental concerns had not influenced her:

I mean there is a population boom but in terms of resources to carry us, the resources are there we have just got to manage our lifestyles a bit better.

But in the second interview she said:

I think we probably would stick with one child anyway because as much as what I think it is nice to have big families and all that, but we’ve got a huge population crisis.

The lack of influence that concern for the environment played in most participants’ thinking may be because they live in Australia where overcrowding and detrimental effects of having children on the environment are not readily apparent and so easily forgotten when not the focus of discussion. In recent years the media has been more concerned with population ageing and fertility decline (applying pressure to have more rather than less children). Nevertheless, Claudia’s changed attitude demonstrates the potential of social discourse to influence behaviour.

It was seen in Chapter 1, that when Peter Costello introduced the Baby Bonus in 2004 he overtly applied pressure for women to have more than two children. In the first round of interviews I asked participants for their reactions to his message. Participants mainly disliked Costello’s message, 13 participants reacted negatively (6 strongly) mostly believing that the government had no place in childbearing decisions. Examples of strong reactions included “[it is] morally wrong”, “I could vomit on his shoes.” and “What a crock of shit”. Alternatively, Faye, Hilary and Irene concurred with Costello believing that the government had a role to play in encouraging women to have children. Irene said:

I figure he is just trying to encourage people to have more ‘cause there is a big down-sizing of families. Which I suppose is another reason I am kind of keen to have more just to show it can work, it’s okay.

It is clear that Irene not only agreed with Costello’s message but she also perceived that her own behaviour influenced other women’s actions. Notably, these participants had or intended to have four or more children and so Costello’s message was very
much in keeping with their own preferences. However, Faye later in the interview said:

And government should never make people feel that they should have more. If you want to have one child, if you want to have three children, whatever, it’s your decision and that should never be taken from you, never, ever, ever. And no one should make you feel you should do more than what you are.

I would suggest Faye’s apparent contradiction was because she favoured large families but nevertheless believed childbearing decisions should be up to the individual. Clearly others interpreted Costello as pressuring women. Trish suggested it treated women as “baby producing machines” and two participants, who were unable to have as many children as they would have liked, also reacted strongly, one explained:

I mean like [partner’s name] and my circumstance, I mean these medical things. He is potentially projecting a lot of guilt on people.

The remaining participants believed Costello’s message was inconsequential; these were interpreted as neutral responses (see also Read et al., 2007, Appendix J). The negativity evoked by Costello’s address suggested participants were wary of being manipulated by his message or the Baby Bonus payment.

The participants did not concede to bowing to pressure to have a particular family size any more than they did in regard to becoming mothers in the first place. Kay said about the pressure she felt from her mother:

Even though we are really aware of that it wouldn’t affect us. We would do what’s right for our family.

Moreover, Claudia suggested the perception of pressure depended upon interpretation:

I don’t perceive [people asking] as something that’s putting pressure on me that I should have children. I guess other people might be interpreting it that way but I guess I’m a bit more independent in my thinking than that… If I was to have another child it would be because I decided that, with [partner], and not because other people had asked.
There was an overall confidence that either their family size had been their choice or had been constrained by biological factors (for example, suboptimal fecundity, unplanned childbearing and lack of time or energy due to older age). This is expanded upon in subsequent chapters.

6.5 All the responsibilities

This section considers the participants’ perceptions in regard to gender roles. The expectations around childrearing responsibilities and workforce participation are examined.

6.5.1 Home duties

Mostly participants had rearranged their working lives to take on the primary caregiver role while their partners carried on in their lives much as they had done before having children (see Chapter 8, pp.221-222). In general, in compliance with motherhood ideology, participants perceived it was expected that women would undertake the majority of home duties and prioritise the needs of their children over their own. Twenty-two participants spoke about their lives being organised around their children. For example, Beryl, Claudia and Faye respectively asserted: “his needs are my priority”, “her needs come before mine” and “they’re the centre of our life”. The expectation that participants would fulfil these responsibilities was perceived as both their own and that of the society. Some participants had felt pressure from their parents. Yvonne’s and Nancy’s mothers expected them to sideline their careers once they had children and Faye, Gemma and Maria perceived that their parents had wanted them to be full-time mothers. It was apparent that pressure was most recognised when it was resisted. A participant told Focus Group One:

I live on a farm, my parents-in-law live there too, and for my personal situation I’ve had a lot of input from my mother-in-law, a lot of pressure from her to let my husband go and do what he feels like doing every Saturday and I say ‘no’. Like we’re not like this, our generation take it in turns. So there’s been that, that whole push from them and it has been very obvious. And my parents who’ve said things like “If you keep treating your husband like that he’ll leave you.”
Additionally, a neighbour had openly criticised Nancy for putting her son into childcare. And Elaine was very aware of the pressure because of her non-compliance. She said:

People always ask me ‘why the kids don’t live with me’. They don’t ask me about my career my job, what I do, anything else, they want to know why the children don’t live with me.

A minority of participants did not comply with typical gender roles. Two partners undertook the primary caregiver role (Elaine’s children lived with her ex-partner and Wanda worked full-time while her partner worked part-time and later became a full-time caregiver) and two participants shared equal responsibility for wage-earning and childcare (June and her partner were self-employed and Faye and her partner both worked part-time). These arrangements, along with all participants expecting some input from their partners (see Chapter 8, p.214), suggested that expectations around childcare responsibilities have undergone some transformation. However, while shared care seemed satisfactory for June and Faye, Elaine and Wanda were still not entirely happy with their roles. Wanda expressed frustration in feeling more responsibility to be involved in her children’s activities than her partner.

…he’s physically with them quite a lot but there are a lot of things that he doesn’t do with them that I do. Well like one of my daughter’s got a school excursion… and they sort of asked for parents to volunteer to go along and she said “oh can you or Daddy come with me?” and Daddy sort of said “no, I don’t think”… I suppose the sort of things that if a mother was at home she’d be expected to do but he doesn’t feel obliged to do those things.

Therefore, although Wanda’s partner spent more time with their children Wanda still felt the pressure to be involved with her children in a way her partner did not. Similarly, in Focus Group One a participant observed:

I’ve noticed with mothers that do work full-time, it is very different to fathers that work full-time. I have a couple of friends that do work, full-on full-time jobs and have a number of children. They each have 4 and 5 kids and when they are at home they feel that guilt thing that they have to give their time to their kids. But when there are working fathers, like full-time working fathers they don’t feel that. They still
go and play golf on Saturday, or do whatever it is they do in their own
time.

Hence while there may have been some changes to expectations around childcare
arrangements the social pressure in regard to responsibility remains firmly with
women. Even when gender roles were apparently reversed, participants could
perceive greater social pressure to be involved with and be responsible for their
children. However, the social pressure to be the primary caregiver seems to have
largely gone unnoticed because of lack of resistance.

6.5.2 Economic productivity

Participants, in general, felt there was a great deal of expectation that they would
participate in the workforce. The pressure was perceived as widespread but
participants’ parents were not usually identified as a source of pressure. In follow-up
interviews, participants were generally uncertain about their parents’ expectations in
regard to their workforce participation due to lack of discussion of the issue. Six
participants had felt encouraged by their parents to pursue further education or a
career prior to having children but this was perceived as being for personal fulfilment
rather than being essential for a long-term career. Overall, given the lack of clear
signals about workforce participation, it is clear parents applied more pressure on
their daughters to be mothers than workers.

Most participants worked part-time and some worked more than they would have
liked. Working more than was wanted was blamed on financial pressures (see
Chapter 8, p.218) (possibly related to materialism (see Section 6.4, 139-141) Lara
experienced a great deal of pressure when she was still with her partner. She said:

There was a lot of pressure put on me by [partner] and his boss to
work, to be seen as bringing in income… generally [employer] chased
me for the jobs. So it was a combination but they rang me, and then I
always felt that pressure to bring in extra income.

Penny also felt pressure from her employer. She said:

I also felt guilty because my employer, after six weeks, kept ringing
up and asking when I was coming back.

Having split with her partner, Lara felt pressure from the government:
Then I have got the government sitting on me saying I have got to work a minimum two days a week. That makes me bitter… I think it is going to put a lot of stress on a lot of single mums, and it’s not right… I don’t think they don’t take all the circumstances into consideration and I just think they are going to make single parenting worse than what it is.

Zola had also felt pressure. She said:

When I first had my daughter, who was my first child I felt an enormous pressure to go back to work. Not only from myself, not really from my husband, but it was definitely from me but from my mother-in-law. And you wouldn’t think that because she is a very traditional wife but she kept making comments about how her daughter went straight back to work and you know, her children are fine and women these days do rush back to work and really it’s a good idea. And just lots of those sort of comments which really quite upset me actually because I needed to think about it and think why I felt that I should go back to work. And it took me a couple of years to really get my, in fact what I did do was go and I started doing [course of study] and thought well I’ll do that for a year and just, while I’m looking after my daughter and I can manage that as well. It was actually a really hard year because it was so, there was so much to do, it was so full-on and in hindsight, I looked back and thought “why did I do that?” But I felt I had to do something I couldn’t just be a mum and then when I had my son I thought, no I can just be a mum. I’d worked through it all by then. I thought, no actually I think it’s really, for me, for my family it is really important that I stay home and try to be a sane mother and I actually quite liked it.

Zola and Penny resisted the pressure but Lara returned to work.

Feminism was seen as opening up choices to women including the option to work but was also seen as pressuring women into paid work. When feminism was mentioned (feminism was not raised through questioning) participants tended to have a positive view on the role that feminism had played in allowing women to work;
only three participants discussed feminism pressuring women to work. Focus Groups One and Two and Claudia, Chris, June, Zola and Yvonne were positive about feminism. Chris said:

I think that’s what women’s liberation has been all about. And if we said we didn’t want those choices then we go back to not having the vote, and not having any public life.

Similarly, Zola said:

I think the whole social, of the 70s, feminist movement had a big effect on all of my generation growing up and it was really positive.

Nevertheless, Zola and Yvonne also perceived feminist ideology pressured women to work. Yvonne, for example, said:

I have to say all the women’s libbers that said ‘you-can-have-it-all’ were wrong.

Elaine was also of this opinion. She said:

It’s the women have pushed, so hard and so fast, for all this equality that all of a sudden it is like ‘well now you have this equality, well now you’ve got to live up to it’. So there is very few people who can actually balance it really well and it comes just a pressure on everybody then.

For Claudia and Zola, however, having choices appeared to be problematic. Claudia commented:

I don’t know if it’s feminism gone wrong in my head in a way or what. I don’t know I get interested in so many things and I want to do it all but I kind of forget what my limitations are time wise, energy wise.

Another participant told Focus Group One:

I actually think I am a feminist. I think we are equal to men and I think that, we’re different but we’re owed the same sort of respect and consideration and we just perhaps fulfil different roles at times in families but that given us so much choice in our lives… we can work and have a family or we can choose not to go to work, we’ve got, we can choose the problem is having so much choice I think, and it actually makes it hard to choose what to do.
Some participants perceived the unpaid work they were doing was not valued and it was not acceptable for them to have time for leisure (see also Chapter 8, 217-218) and therefore some felt they had to justify why they were not ready to return to paid work. Furthermore, participants believed capitalism pushed women into work mainly by under-valuing motherhood. Unpaid work around the house and voluntary work were not valued and therefore were perceived as invisible. Dawn, Zola, Irene and Maria spoke about the pressure they felt from others in the community to increase or resume their workforce participation once their youngest child started school. The participants indicated that an assumption was made that they would have nothing to do all day with their children at school. They, however, believed they would still be busy with domestic chores and voluntary work, particularly involvement in their children’s schools. As the participants tended to be highly educated this pressure may have also have been pressure to use their qualifications. Dawn, for example, said:

I don’t have a cook, I don’t have a cleaner and I like to spend time at school with them. But, yeah, because I’ve got a degree is it expected I make use of it and go back full-time?

Zola said friends were asking her when she would go back to work once her children were school but she explained:

I think that it’s a really important job being a mum and I didn’t feel I could do it and do another job as well.

Zola went on to speak about the voluntary work she does with her children’s school:

I’m really involved in the school because I want to be. And I think while the kids are young especially it’s a good time to get really involved and I’m really passionate about kids reading and getting the most they can out of school. Not my kids, well my kids yes, but there are kids at school that don’t get a lot of input from home.

Furthermore, Focus Groups One (see Appendix L, Excerpt 3) and Two, and Faye, Maria and Zola in interviews, spoke about how paid work was valued but work within the home was not. Zola was brought to tears because of her strength of feeling, about the work women were doing bringing up children not being recognised. She said:

Now I’ve had them as well you can, you relate, on a different level and its – having kids to me was this massive revelation and I
remember walking around and thinking [deep intake of breath] “all these women who are mothers they’re all amazing” and I didn’t know, I never knew that, and nobody could ever have told me… I do feel that really strongly, I think women are incredible and I don’t think it’s acknowledged enough and it’s on a societal level and by government. Maria illustrated how she felt undervalued by telling me about the forms she had to fill in to enrol her child at school; ‘full-time mother’ was listed in the same category as ‘unemployed’.

6.6 Diversity tolerance
This section covers participants’ perceptions of the tolerance of diversity in family forms and childbearing.

Participants in focus groups perceived social pressure was limited. Focus group participants felt that not only there was great diversity in family arrangements but that there was also generally a high degree of tolerance for this diversity (see Appendix L, Excerpt 4). Focus groups One and Three talked about different norms being associated with different socio-economic groups. The idea that there were no fixed rules was further illustrated when I asked Focus Group Three: “What is acceptable or is everything acceptable?” A participant replied:

Well, what’s acceptable is a very personal thing isn’t it? …It depends on what your beliefs are; your world view… it depends on where you fit in that society, where you believe that you fit within society.

Perceiving diversity was then linked with perception of choice and hence either the absence of pressure or the ability to resist pressure. Even so, social expectations were identified. Two or three children were seen as the most socially acceptable family size. Having children in homosexual relationships, teenage motherhood, having children too old and not having children were seen as generally disapproved of or unusual in contemporary society. Further some participants seemed to be doubtful about others’ tolerance. Focus Group Two discussed women feeling a need to defend the choices they make in regard to having children (i.e. not having any, having a large family or only having one, going out to work or staying home) (see Appendix L, Excerpt 5). Additionally, Elaine felt that women pressure other women. In her
follow-up interview Elaine said:

I think women are a lot harder on each other than men… particularly a lot of women who are very nurturing and family oriented, I think they actually see women who don’t have children as being unusual… whereas men will just accept that women either have children or don’t have children.

Therefore there was some evidence that the participants did not perceive tolerance of diversity as universal. And some participants accepted there was a certain amount of animosity between women, that mothers with careers were ‘at war’ with stay-at-home mothers.

There was evidence that the participants themselves were careful about the social pressure their comments inflicted on others. This was mostly apparent in focus groups and it may have been that sensitivity towards others was heightened by the focus group context. My introduction at the beginning asked them to respect the other group members who may hold contrary views. Indeed one participant became a little embarrassed after she said:

Yeah, to choose to have one child is perhaps seen as a bit odd too.

Two and three’s normal and four’s getting a bit odd again.

Later, however, she was reminded that another participant had four children and apologised:

Sorry, I forgot you’ve got four and here is me rudely saying it’s pretty odd, four. Shoot me.

Similarly, the second participant tentatively offered a personal view about “those very older mothers that have IVF” which she thought was not “right” but quickly qualified this by saying it was “their choice”. However, the tenor of focus group discussions suggested that participants believed applying social pressure was unacceptable. Even when I read out hypothetical scenarios (see Appendix C) which involved women making decisions about having children and asked them what the characters should do, they were reluctant to say. In all three focus groups they talked about what the characters needed to take into account and the need for them to work out their own priorities. They mainly refrained from imposing their own opinions, but occasionally expressed them by saying what they would do if they were in the
position. Moreover, when discussing scenario two (in which Sam wants Rachel to marry him and have children with him straight away rather than going to university), all the focus groups strongly objected to Sam trying to impose his will on Rachel. Rather than saying what Rachel should do, all the focus groups suggested ways she could combine continuing her education with motherhood. No one said she should not have a child because of her age; they were more concerned with her being pressured into something that was not of her choosing (see Appendix L, Excerpt 6). Indeed, the discussion tended to move on to how she was at a biologically appropriate age to have a baby. Although this was an artificial social setting, this carefulness about imposing personal opinions on others coincides and reinforces the participants’ perception that there is tolerance in society for diverse family formations and their belief that it is up to individuals to consider their own circumstances and priorities and decide for themselves. Additionally, in follow-up interviews all participants’ comments supported the principle that childbearing should be an individual’s decision to make. Participants’ attitudes, therefore, did not suggest they were at ‘war’ with other mothers making different decisions from themselves. Rather, they were uncritical of each other.

6.7 Discussion
In this chapter I have viewed the research data mainly from the perspective of the second agency criterion (the individual is able to act independently regardless of social pressure but this does not necessarily mean acting contrary to social pressures) by exploring participants’ perceptions of social expectations or pressures in regard to their childbearing behaviour and their roles as mother and worker. In accord with previous research (Rowlands & Lee, 2006), the data suggests that the social pressure on heterosexual women to bear children continues, albeit with some minor cause for optimism that attitudes may be changing. Participants perceived the pressure to become a mother was widespread and persistent; parents and peers (in accord with Harris, 1979; Clay & Zuiches, 1980) appeared to be the most influential sources. However, participants’ awareness may have been stimulated by this research. In contrast with Pearce’s (2002) assertion that religious faith has a significant influence on childbearing, there was little evidence that religion had been a source of pressure for most participants. Newman (2006) found out of two groups of Catholic women
(with or without university education), those with university level education tended to be more resistant to Catholic pronatalist ideology. My findings therefore may reflect the participants’ relatively high level of education. This finding, is largely in accord with the post-materialist values theory of fertility that suggests institutions (such as religions) no longer have authority to direct people’s actions (van da Kaa, 1987; 2001). There was, therefore, some evidence that at least some participants were able to resist some social pressure, giving some credence to most participants’ assertion that social pressure was unimportant to their childbearing. As participants had acted in accord with social pressure by becoming mothers, their independence when acting was questionable. Participants tended to assume they would have children and, while they critically used the examples of others to guide their own actions, they did not appear to have questioned whether or not motherhood was right for them. Furthermore, participants’ awareness of social pressure may have only been with hindsight and provoked by taking part in this research. I would therefore assert that, while it is not clear, there is more evidence to suggest that on the whole participants had bowed to the strong social pressure to bear children. Nevertheless, it cannot be denied that the participants generally appeared to be aware of social pressure and accepted social pressure contributed to their preference to have children, and so these findings may be consistent with acting independently.

The right time to have children came down to establishing the ‘right’ circumstances: marriage, financial self-reliance, tertiary level qualifications and career establishment (in line with what the participants’ identified prerequisites for having children (see Chapter 5, pp.96-104). Participants perceived the pressure not to have children at too young an age was connected with the pressure to obtain tertiary level qualifications, establish a career and be economically self-sufficient, supporting previous conclusions (Harris, 2004; Hadfield et al., 2007). The pressure to marry was perceived as coming from participants’ parents, religious institutions and society in general. Although childbearing occurred outside marriage and participants perceived that this has become more acceptable (in line with de Vaus, 2002; Maley, 2009; Hayes et al., 2010), most participants married and in doing so appeared to have acted out of social conformity. Some, most notably Claudia, firmly resisted the social pressure to marry. Nevertheless, these findings refute Beck and Beck-Gernsheim’s
(1995) assertion that the association between marriage and children has been broken. Rather the findings echoed British research in which participants were described as entering marriage not as a choice but “almost automatically” because “it was the right thing to do” (Smart & Shipman, 2004, p.495). The findings also reflect research that reports that marriage remains an expected part of the life-course (Smart, 2002; Skrbis et al., 2012) and a culturally symbolic ideal condition for bearing children (Carmichael & Whittaker, 2007; Elizabeth & Baker, 2010).

Social pressure appeared to dictate a range of acceptable family sizes from two to four children. In accord with previous research (Clay & Zuiches, 1980; Newman, 2006) family-of-origin and peers provided reference groups with which participants compared their own childbearing. As family sizes have become smaller on average, the family-of-origin and peers may have provided quite different points of reference. Having one child was largely seen as being unacceptable and nearly all participants had or intended to have more than one child. Moreover, having a second child often appeared to be an almost automatic response to having a first child, hence largely socially determined. This was not always the case. For example, Beryl had not quickly had a second child and had time to question the ideology. These findings therefore support research that found that a second child was often arrived at non-reflexively (Carmichael, 2013) but contrasts with research that found second births tended to be the result of a more consciously reasoned decision than first births (Maher et al., 2004). Similarly, pressures limited family size; having four was seen as being on the edge of acceptability. Beyond two children, participants appeared to have a high level of awareness of the social pressures relevant to family size. Similar to Newman’s (2006) findings, participants also perceived strong normative pressure to restrict the number of children they had. Pressure to limit family size came from parents, environmentalism and indirectly from capitalism particularly in the form of materialism. The findings, therefore, add support to research that found an association between materialism and lower fertility (Li et al., 2011). Given the discourse on the environmental concerns I found it surprising that I could find very little research in this area in regard to childbearing in developed countries and none with which to compare my findings. The only paper I could find was a quantitative Canadian study of University students’ attitudes and intentions which the authors
considered a preliminary study. Their results suggested personal health concerns attributed to environmental degradation were linked with desiring fewer children (Arnocky et al., 2012). Participants also perceived there was pressure from religious institutions and government to have a large family. Given about half of participants reacted negatively to Peter Costello’s message, participants appeared to be wary of manipulation. Excluding my own paper (Read et al., 2007), other researchers do not appear to have considered the effect of Costello’s message per se. Participants’ awareness of pressure in regard to family sizes greater than two may be because there were conflicting pressures to limit childbearing and pressures to increase it. Nevertheless, there appeared to be a tendency to stay within the limits of normality.

Overall, participants demonstrated least resistance and awareness of social pressures in regard to their role as primary caregiver. While there may have been some changes to expectations around childcare arrangements the social pressure in regard to responsibility remained firmly with women. Even when partners apparently took on the primary caregiver role, participants could perceive greater social pressure to be involved with and responsible for their children. The social pressure to be the primary caregiver seems to have largely gone unnoticed because of lack of resistance. This finding parallels that of Choi et al. (2005) who also observed the women in their study did not resist motherhood ideology. Furthermore, the participants did not discuss the sources of pressure and their effects in the same way as they discussed pressures in regard to family size and workforce participation; although they were occasionally aware of pressure to focus on the children. More often participants just commented on their feelings of responsibility for their children.

Participants felt great pressure to be part of the workforce; they frequently were aggrieved about this pressure. Most participants’ solution was to work part-time but Zola, for example, showed a great deal of resolve by not returning to paid employment. Participants mostly blamed capitalistic attitudes but also the government (for single women with children), employers, in-laws, peers and to some extent feminism were identified as pressuring women to work. It is interesting that despite participants feeling pressure from parents to gain qualifications they did not
perceive pressure from them to work after having children; rather they tended to feel the reverse. This suggests that, for the parents, their daughters’ education was about life enrichment and therefore reflected post-materialist values. The participants’ parents apparently expected their daughters would be in a marriage that encompassed traditional gender roles and therefore assumed a career and financial independence was unimportant. Some participants voiced the opinion that motherhood was undervalued. This perception was also found by Maher (2005b) and has been linked with social pressure to be in paid work (Crittenden, 2001; Hakim et al., 2008) and capitalism (Folbre, 2001; Manne, 2008). Given that Campo (2005) asserted that the blaming of feminism for pressuring women to be either “childless career women” or “harried working mothers” (p.106) has become an almost universal mantra, it is perhaps surprising feminism was not mentioned by more participants and more negatively overall. Only one participant could really be said to be ‘blaming’ feminism, although others perceived feminism as being a source of pressure. Two participants appeared to be pointing to the ‘risks’ inherent in choice as posited by Beck (1999). Generally, the findings uphold the assertion that women with children are subject to social pressure to be part of the paid workforce (Woodward, 1997; Pocock, 2003; 2006) especially when the children have started school (Hakim et al., 2008). It is notable that the participants appeared to be resentful of the pressures to work but resentment was mostly absent in regard to other pressures. Furthermore, participants appeared to very aware of the pressures which may be because most participants had reduced their workforce participation to some extent. All of which appears to indicate that reduced workforce participation was not simply the result of bowing to social pressure but rather was an expression of independent action.

Participants were of the opinion that generally pressures around childbearing were declining, but understood norms varied with different social groups. The perception of increased diversity of family forms is in agreement with previous research (Gilding, 2001; Australian Government, 2008; Hayes et al., 2010). Further, participants were reluctant to comment on other women’s behaviours. Participants believed that childbearing and level of workforce participation was up to the individual. Two participants, nevertheless, recognised they had contributed to social pressure by allowing women to go into motherhood incompletely informed. In
keeping with previous Australian research (Maher & Dever, 2004) I found no evidence that women were critical of others’ choices around workforce participation. In hindsight it would have been illuminating to have asked Claudia and Zola what had allowed them to resist the pressures to marry and work (respectively). They did not refer to reference groups that provided different role models or places of acceptance of their behaviour. It may be that the perception of greater tolerance to diversity facilitated resistance.

6.8 Conclusion

In respect to the second agency criterion (the individual is able to act independently regardless of social pressure but this does not necessarily mean they act contrary to social pressures), the data in this chapter shows that mostly participants acted in accord with social pressures. Whether or not their actions could be said to be independent is less clear. However, some participants clearly demonstrated a great deal of resolve to resist pressure in certain instances. In regard to becoming a mother, the data was ambiguous but suggested bowing to social pressure. Participants often appeared to be on a trajectory that included getting married and having a child. Similarly, having a second-child automatically tended to follow from having the first. Hence, for many participants marriage and having two children does not appear to have involved independent actions. Having three or more children and not marrying was associated with acting more independently; although mostly limiting family size to three or four children may also have been due to social pressure. Participants’ undertaking of the primary caregiver role was most clearly the result of social pressure. Even participants who were not nominally the primary caregiver felt a greater compulsion than their partners to be involved in their children’s lives. On the other hand, there was evidence that most participants’ part-time workforce participation was their preference. Therefore, it is impossible to say conclusively that by adopting the primary caregiver role participants were simply bowing to social pressure.

Evidence of reflexivity, relevant to the sixth criterion (The individual is reflexive (i.e. is structurally- and self-aware, self-monitors and critically appraises their actions)), was mixed. Participants were aware of the pressures to become a mother and have
two to four children, yet this may have been with hindsight and stimulated by this research. While participants did not appear to have reflected upon whether motherhood was right for them, at least some had considered whether it was the right time to start a family. Participants, in the main, were also suspicious of Costello’s overt pronatalist message linked to the Baby Bonus. Furthermore, there was evidence that participants had critiqued and learnt from experiences of peers. It was also apparent that intentions were reconsidered in the light of ongoing experiences. The weight of evidence suggested participants undertook the primary responsibility for children largely un-reflexively. Most reflexivity occurred around workforce participation. They were acutely aware of pressure to be part of the workforce. It was apparent that participants experienced dissonance between workforce participation and motherhood which probably encouraged reflexivity.

The perceived increased tolerance for diversity within families has implications for the seventh criterion (the individual is able to manipulate their circumstances and social context to enable their preferences to be achieved). As previously discussed, tolerance means changes to social context, such as norms and expectations, are more likely. The unacceptability of being critical of others’ behaviours suggested that tolerance itself was socially prescribed and as such part of the discourse of contemporary motherhood. Women as a group could be said to be bringing about this change. On the other hand, while it was perceived that the pressure to be married in order to have children had weakened, it was still very strong. Hence there did not appear to have been enough of a groundswell, at least for the participants’ cohort, to have altered this expectation.

In this chapter and the previous chapter I have considered the structural influences on women’s childbearing. The following three chapters look at the more personal side of childbearing behaviour. First, the more conscious aspects of childbearing decisions are explored by considering the participants’ intentions in regard to having children.
Chapter 7: Intentions – stability and fluidity

The image of couples sitting down and rationally discussing the merits of having an additional child relative to other lines of action which may be pursued appears to us to be somewhat of a caricature which does not reflect the realities of what occurs for many couples (Neal & Groat, 1980, p.233).

7.1 Introduction

The previous two chapters explored structural aspects of agency. I now turn my attention to the individual. This chapter considers the third agency criterion: The individual's actions are intentional, with an intended outcome. As intentional actions are deliberate this chapter also has implications for the sixth criterion regarding reflexivity. This includes what happens when childbearing outcomes are unintended. In Chapter 4 it was seen that critical reflexivity was one of the crucial elements of agency in late modernity. Therefore evidence of critical reflexivity will particularly be considered.

As discussed in Chapter 4, according to the theory of planned behaviour and Miller (1994a) childbearing behaviour is reasoned and predictable. Fertility researchers have also commonly assumed that childbearing is the result of highly rational and intentional decisions (Klerman, 2000). Similar assumptions have been made in many fertility theories (see Chapter 2). However, others suggest that childbearing intentions and behaviour follow a less predictable path. Arthur Neal and Theodore Groat (see quote at head of this chapter) suggested that portraying childbearing as intentioned and reasoned decision making presented an unrealistic picture. Furthermore, previous research has found the link between childbearing intentions and behaviour is questionable (Fishbein & Jaccard, 1973). Fishbein and Jaccard (1973) argued the weakness of the link suggested childbearing behaviour was either non-volitional or childbearing intentions were unstable.
The tenuous link between childbearing intentions and behaviour may be due to the variability with which the terms related to intentions (such as: wanted, unwanted, intended, unintended, planned, unplanned) are used. Women have been found to vary markedly in their use of terms related to childbearing intentions (Stanford et al., 2000). Indeed women may define a pregnancy resulting from an apparent contraceptive failure as intended (Trussell et al., 1999) and more wanted as the pregnancy progresses (Miller, 1994b). It has been suggested contraceptive failures reflect ambivalence towards motherhood (Zabin, 1999) and allow women to have a child according to their preferences while avoiding the burden of taking intentional action (Luker, 1999). Furthermore, researchers have also often used these terms without defining what was meant (Klerman, 2000), used them in different ways and have not distinguished between different types of intentions (such as timing and number of children) (Miller & Pasta, 1995). Further adding to the confusion, surveys that have collected data aimed at measuring childbearing intentionality have not included the terms ‘intended’ or ‘unintended’ in their questions (Santelli et al., 2003). Similar difficulties of interpretation were apparent in this research. The difficulties partly lie in the interrelated nature of the concepts. In this chapter I have done my best to distinguish between the different types of intentions and to confine discussion to deliberateness of actions. Intentionality does not necessarily imply a chosen or wanted action.

Attempts have been made to explain the intention to have a child, the timing of children and the intention to have a particular family size. Beck and Beck-Gernsheim (1995) argued that women can no longer rely on past rules to determine their intentions and must carefully consider each childbearing decision. On the contrary, Cannold (2003) considered the intention to have a child was largely due to normative pressures, dismissing women’s own explanations that they were biologically motivated. McNay (1999) argued that maternal feelings were an entrenched part of the female gender identity which was related to their corporeal body and so not entirely divorced from biology. As was seen in Chapter 5, timing of children has mostly been associated with gaining of education and workforce goals, financial and relationship stability and fulfilled personal goals such as travel. However, Lareen Newman (2008) also found that women’s assessment of their ability to cope with a
child affected timing. Previous research has suggested cultural transmission of family size by identifying a positive association between family size preference and family-of-origin size (Adamek & Koller, 1984; Axinn et al., 1994; Kohler et al., 1999; Murphy & Knudsen, 2002; Pouta et al., 2005; Booth & Kee, 2009). Family size has also been seen as being constrained by structural influences. It was seen in Chapter 2 that Australians having fewer children than they once predicted they would like to have has been interpreted as evidence of an unmet demand for children; suggesting fewer children are born than intended. The unmet demand hypothesis assumes desire for children does not change. However, it has been found that fertility plans are reconsidered after each birth (Udry, 1983) and number intentions may change in order to achieve a mixed-sex family (Miller, 1994a; Gray & Evans, 2005; Kippen et al., 2007). Additionally, changing expectations about outcomes have been predicted to change childbearing intentions (Fishbein, 1972) and parental stress and dissatisfaction with parenthood has been associated with intending to have fewer children (Miller, 1994a). Therefore childbearing intentions have variously been explained as largely structurally determined or more individually considered. The former explanations do not entail much reflexivity whereas the latter suggest reflexive critical appraisal.

This chapter reviews participants’ childbearing intentions in respect to having children, including what they intended to experience, family size and timing of children. It considers the formation of childbearing intentions and when intentions changed, the degree of planning that went into having individual children and participants’ attitudes when things did not go to plan. Some of the discussion in this chapter is closely related to published findings (see Read et al., 2012, Appendix I).

### 7.2 Motherhood intentions

This section discusses the participants’ intentions in relation to becoming a mother.

#### 7.2.1 Intention to have children

All participants said they intended to become a mother at some stage and for many that was a long held intention. In the second round of interviews, 13 participants said that they had always envisaged that they would have children, if they could, under the ‘right’ circumstances (see Chapter 5, pp.96-104). Chris and Dawn had imagined a
life without children only when they considered infertility was a possibility. Wanda and Zola had done so only when they thought they may not find a suitable partner. Elaine and Nancy (because of relationship and child raising difficulties (respectively)) had only considered in retrospect what life would have been like if they had not had children. Furthermore, some participants asserted they would not have accepted childlessness easily. Faye, Hilary and Kay said they would have been “devastated” if they had not been able to have children. Kay said:

I don’t know if I would have accepted it, if I couldn’t have had any…
    we were in desperate need… we probably would have tried everything
    we could.
Similarly, Irene said she would have found infertility “pretty hard” and Chris said she thought of herself as a “childless mother” when she was struggling to have her children. Anita, Faye and Irene said that they would have tried to adopt if they had not been able to have children of their own. Irene had been told she may have difficulty conceiving. She said:

We talked before we had [child] about if we couldn’t have had any
    kids and the decision would be either adopt or foster.
Other participants desired motherhood but did not perceive it was essential. Gemma, Trish, Sonya, Zola and June felt that had they not been able to have children, or had they not met a suitable partner, they would have been content without children. However, Gemma also said “I think I would have regretted not trying”. Rather than seeing having a family as part of life she thought of it as a “lifestyle choice”. Gemma was the only participant to express the opinion that starting a family was a “carefully considered decision”. This may have been due to her partner’s reluctance (see her quote p.167). June, Trish and Yvonne remembered a time when they had not wanted children which implied that they had at least considered childlessness as an option. Nevertheless, their explanations of why they had children were still ‘life experience’ and ‘natural’ explanations. Trish said:

I don’t remember ever exactly changing my mind I just seem to have
    come around in my thinking to think [children] were part of life; part
    of the whole experience.
June believed she was biologically driven (see her quote p.201) and Yvonne spoke about how she decided she wanted to have children after a health scare that included
the possibility that she could become infertile. While June, Trish and Yvonne had not always assumed that they would have children, they nevertheless explained their childbearing in ways that suggested that ultimately their attitudes towards having children were similar to those participants who had always held that assumption. That in the end they were following the expected path for women. Participants then mainly assumed they would have children. This may be due to social expectations being an important influence on childbearing (see Chapter 6, pp.131-135) Nevertheless, becoming a mother was, for most, clearly an intended part of their life plan.

When I asked the participants in the first round of interviews if they remembered why they had wanted children, they all seemed to find it hard to put into words. For example, Hilary found it hard to answer but elaborated:

There’s no time that I can remember that I did not consider having children, a lot of it is just a real primal urge. You see other children, women with children and you think I’d love to have a baby. Not knowing the practicalities of it. Partly a romantic notion. Yeah, but there wasn’t a conscious decision about it.

In the first round of interviews 14 participants described having children as part of their life plan, “a natural thing to do” or that they had always wanted children. Nevertheless, participants attempted to explain why they wanted children. The major themes were biological drive (see Chapter 8, pp.201-203) and the desire for familial intimacy and connectedness.

Emotional motivation may have been behind the participants’ difficulty with articulating reasons for having children. Hilary, Faye, Elaine and June believed they had been emotionally motivated. Faye succinctly illustrated the emotional drive when she said “It wasn’t a goal; it was dream to be a mum.” Similarly, Gemma related:

He [partner] had all the rational arguments for not having kids and I had all the emotional arguments for having them. He won hands down, but we still had them.
Moreover, the cultivation of familial intimacy and connectedness was given by 18 participants as a reason for having a child, suggesting post-materialist values. Faye, for example, said she wanted children because of “knowing that you can have so much love in a family” and Maria said of her third child:

...we just sort of described her as being this beautiful ribbon that tied the whole family together.

Further, three of the women mentioned that being in love with their partner had made them want to have a child. Vera described having a child as “…something tangible that comes out of your love for each other”. Participants also perceived the emotional desire for children could overcome, as Gemma indicated, more reasoned arguments for not having children. Trish, June, Chris and Focus Group Three (see Appendix L, Excerpt 7) thought childlessness was more readily rationalised. Trish said about her motivation to have children:

I don’t think it is possible to rationalise why – there are more reasons for not having children.

This did not mean that when it came to childbearing there was no place for rationality, Chris for example said:

I suppose it shouldn’t just really be just a totally emotional choice, you’ve got to be a bit responsible about it as well.

Focus Group Two (see Appendix L, Excerpt 8) agreed rational and emotional factors were involved in having a child. However, family size beyond two children appeared to be more pragmatically thought through (see Section 7.4.2, pp.181-185).

7.2.2 Deliberateness of first child

Deliberate actions were taken that demonstrated participants’ commitment to having children. Fifteen first children were reported as deliberately planned. Some participants clearly demonstrated intentionality through having sought help to establish a successful pregnancy. IVF was used by Vera and Chris. Vera held:

To go through IVF we both had to be of one mind – to both be committed.

Chris also suggested that struggling against infertility and eventually conceiving her children by IVF demonstrated how much she wanted to be a mother:

There was a lot of drive because we had ten years of infertility so there was a lot of time consumed with it all.
Additionally, in order to have her first child Elaine used hormonal treatment while Nancy and Anita checked their temperatures to monitor when they were ovulating. Wanda on the other hand, deliberately joined a dating agency in order to meet someone to father her children. Conversely, the first children of Maria, Kay and Claudia were due to unplanned pregnancies. Nevertheless, these participants contended motherhood was intentional although timing was not. Claudia said:

To me it was more about I might not have a chance to have a child again and even though it wasn’t the perfect circumstances, and well might never have been, but that still might have been my only chance to be a mother.

Therefore, despite participants’ assumptions that motherhood would be part of their lives, motherhood was not something into which most participants just passively drifted.

7.2.3 Intentionality of experience

The experience of motherhood was quite different from what most participants had expected. Only four of the women, Maria, Vera, Faye and Amy, did not make such an observation; as there was not a direct question on the subject it is unknown whether they agreed or disagreed. Participants frequently used the word ‘shock’ to describe their response to motherhood (see also Read et al. (2012, Appendix I)). Participants were mostly unprepared for the experience of motherhood they actually faced. Lara, for example, related:

I really struggled with the first twelve months with [first child] because I thought it wasn't what I expected. It was full-on. It never stopped… I hated the first twelve months because I was unprepared for it. I didn't know what to expect.

Participants believed, on the one hand, that it was impossible to understand what motherhood was really like until experiencing it firsthand. They also blamed the media and personal contacts for their failure to fully anticipate the experience. Participants perceived these sources had given them false impressions and expectations by representing motherhood as an overwhelmingly positive experience.

Motherhood was difficult for most participants. Adverse experiences were related by 21 participants. Their narratives included sleepless nights, colic and behavioural and
learning problems. Sonya described the first eight weeks of her child’s life as “an absolute nightmare” because of the difficulties she had breastfeeding, the child “screaming 15 hours a day” and not sleeping. Yvonne also described her experience as a “nightmare”; she related:

We had a bit of a baptism with fire with [child] because I had gestational diabetes, which was no particular problem, I just had to watch what I ate and then he was born 6 weeks early, he was prem and he had really bad reflux which went undiagnosed for 5 months. So it was a bit of a nightmare. And he was a really strong willed child. He used to do the hold the breath, pass out sort of thing, from about day two of when he was born. Yeah so there was a period of time then when we sat there and went ‘thank god it is only one’.

Indeed Lara went as far as saying: “had I known what it all entailed, no, I never would have had kids” and similarly Trish thought:

It must be the hardest job in the world, had I known how hard, maybe I wouldn’t have children.

The ‘baby stage’ was recognised by seven participants as the greatest challenge but the struggle did not always abate once the children went to school. Maria, for example, said:

It was trying to get homework done, trying to get dinner done, it was trying to get everyone into bed at some sort of relatively normal time, which never happened.

Nancy, in particular, continued to find motherhood very hard possibly because of her children’s learning difficulties and behavioural problems. She said:

I always assumed that I would have at least one but yeah, certainly in the last two years I’ve really scratched my head and thought, gee life would be easier, a lot less stressful if we didn’t have them.

The articulation by some participants that motherhood could be so difficult that in hindsight they may have preferred not to have children demonstrates they had not understood the full implications of having children.
On the other hand, some of what participants expected to happen was realised. Nineteen participants spoke about the feelings of connectedness or love and the enjoyment or enrichment that children brought to their lives. Faye said:

When we’ve have babies I just had this overwhelming feeling of love and it just carries on. I just get excited about waking-up in the morning and seeing the kids.

Claudia said “Kids are a joy to have around” and Maria felt having her children had enriched her life:

It’s really very interesting and it’s something I wouldn’t have been able to observe had I not had so many children. And they are all individuals, all four of them are individuals, you know four different births, four different people… one constant in the upbringing and just to see the way they’ve grown for me it has been fascinating.

Four participants felt that having children gave meaning to their lives. Hilary said about having children:

It gives our life such purpose. We have a rich life and it doesn’t seem superficial.

Eight participants spoke about motherhood being a rewarding experience or feeling a sense of achievement. Beryl related:

He’s in good shape and that’s because of us I guess. And he likes us obviously, because he is affectionate towards us. So that is like a reward. It is good to have that, I think. It’s a good feeling.

Most of the participants felt the good bits of motherhood outweighed the bad. Amy said:

When you see them asleep in bed at night and you think ah yes – even though the house is in a complete state of disarray. When they’re quiet and asleep you think oh yes, it is worth it.

Similarly, Trish after saying she may not have had children quickly added:

But then again I can’t imagine life without them now. They are also a great joy. I wouldn’t really wish them away. And they get better every day. Babies were hard but at least they grow up – it doesn’t last forever and in the end it’s worth it.
Furthermore, Focus Group Three (see Appendix L, Excerpt 9) discussed their tendency to think of “little blips of sort of blissful moments” when reviewing their motherhood experience. Overall, therefore at best, the intended experience of motherhood was only partially realised.

7.3 Timing intentions
This section discusses the participants’ intentions in regard to when they had their children.

7.3.1 Family planning
Children and pregnancies were not either planned or unplanned; instead there appeared to be a spectrum of intentionality that ranged from highly planned (using IVF) to unplanned and unwanted pregnancies. To aid discussion, I divide the intentionality spectrum into three categories: planned, semi-planned and unplanned. For their different pregnancies 15 participants experienced more than one category. For a planned child certain prerequisites needed to have been met, particularly for a first child (see Chapter 5, pp.96-104). Therefore, achievement of these prerequisites determined timing. However, intentions about spacing between children were subject to revision. It should be noted, however, the findings represent participants’ retrospective attitudes to their pregnancies and childbearing. As discussed, it is possible that participants may have interpreted their intentionality at the times of conception, pregnancy and childbirth differently.

All but two participants described having at least one planned child. However, of the 18 participants with more than 1 child, only 6 had planned all their children and a further 6 participants had planned their sole child. For at least one of their pregnancies four participants had used ART and an additional three plotted when they were ovulating (also see Section 7.2.2, pp.168-169). However, although these interventions demonstrated their intentionality to have a child they were also symptomatic (for most) of not being able to have a child when they intended. Amy was the exception, she plotted when she was ovulating in an attempt to influence the sex of her fourth child. The rest had had trouble conceiving and/or carrying a baby to full-term. Chris spoke about trying to have a baby for “several years” and Vera had undergone three cycles of IVF treatment and had her child a few years later than
planned. Another seven participants also had miscarriages and/or conception problems that affected their ability to have a child when they intended. For example, from the time of first intending to have a child it took Yvonne six years to have her child and Nancy two years to have her first child. In contrast, five participants told stories that demonstrated the timing of at least one of their children was highly intentional. Hilary and June, for example, had quickly fallen pregnant once they decided to have children (see their quotes p.208) and Dawn told me:

We had been married a couple of years, two years, but [partner’s name] lived in Sydney. And he moved up in the June, and I said we wouldn’t start trying until he lived up here, and then my contract where I was working finished up the following year at June or something. So we planned it and the baby was due the end of May.

Therefore while many participants intentionally planned children, they varied in the level of intentionality they had in regard to timing depending on their fecundity.

Lara described her first pregnancy as “semi-planned”. She had ceased to use contraception to prevent a pregnancy rather than actively planning to have a child. Six other participants also described at least one pregnancy (including four other first pregnancies) that resulted from of this kind of passivity. Gemma said about having her second child:

I guess we might not have talked about it much. We might not have even considered whether or not we might have a second. We didn’t take birth control so we were leaving it in the lap-of-the-gods.

Vera, who was pregnant at the time of the interview, could also be placed in this category. Her first child was conceived after IVF treatment and she had not used contraception since that time. Although she wanted more than one child she believed she could not fall pregnant unassisted but she did not want to use IVF again. She found the treatment:

Very traumatic - the hope and the disappointment, it’s a hard thing to go through. And the drugs you have to take make you feel terrible.

Not nice.
Semi-planned children were wanted but not consciously planned; hence there is ambiguity around intentionality in regard to having a child and the timing of that child.

Unplanned pregnancies were not uncommon (17 between 10 participants). Nine participants had at least one child who was the result of an unplanned pregnancy. Unplanned pregnancies were due to: failure of the OCP, the Billings’s method or breast feeding to protect the participant from conceiving; or because the participant had assumed they were infertile; or, in one instance, rape. Four women terminated unplanned pregnancies; one of them had four terminations. A pregnancy termination is intrinsically an intentional act not to have that particular baby at that particular time. However, whether or not they perceived they had the choice to terminate was a different matter (see Chapter 8, p.198). When an unplanned pregnancy led to a child, the timing of these children was by definition unintentional.

Seven participants had a preconceived idea of the age they intended to be when they started their families. As a group, the age intended was informed by an understanding that fecundity diminished and foetal abnormalities increased with age. This understanding was balanced against perceived maturity and achievement of other goals and pursuit of other interests (see Chapter 5, pp.96-104). Five participants used their parents (or their partner’s parents) as a reference group to gauge the right age to have children. This did not imply they were simply following norms but rather they appraised their parental models. Vera said:

I was about 27, [partner] was about 30 and we had decided we didn’t want to be too old to have them. [Partner’s] Mum and Dad had him very late. They got married late and so only just had time to have him. I think she was in her forties and they are gone now. They died when [partner] was in early 20s, before I knew him. And I think he really misses that support and they never played with him much. And they never got to see him settled and they never got to see their grandchild.

Sonya, who had been adopted, wanted to become a mother at a later age than her own mother. She said:
My mother was 14 when she had me, so I always thought that from a very early age, I thought that I would never fall pregnant as a teenager. And Gemma wanted to be the same age as her parents had been believing they had got it about right:

I have a great deal of respect for my parents. They had me when they were 28, I think. And I always felt, and I still do, quite safe with them you know. They were such sensible, safe people. And I wanted to be that kind of parent for my child.

Anita, Dawn and Trish planned to have children when they were around 30. Dawn said:

I had planned years ago that I would start thinking about having children when I was 30

Maria and Beryl intended to start their families slightly younger. Maria said:

I had always visualised… I would have children around the time of sort of late 20s.

Nancy and Vera were less concise about the age but they did not want to be “too old”, they both started trying for a family at 27 and Nancy thought she should have started earlier (but that was probably because she then had difficulty conceiving). Beryl, Dawn, Trish and Anita had their children close to their intended age. However, Claudia, Maria and Kay (due to unplanned pregnancies) became younger mothers than they had intended which meant they had not established the circumstances in which they would have preferred to have children. On the other hand, fecundity problems meant that Nancy, Chris, Yvonne and Vera were two or more years older than they intended. Age and ‘ticking biological clocks’ are further discussed in Chapter 8, pp.206-209.

7.3.2 Space to cope

For subsequent children, participants’ perception of their ability to cope was the main driver of intentional timing. Flexibility about the best spacing was apparent. Faye said:

…when you feel right, and it think it gets to the time when they are sleeping through the night, or toilet trained or you’re comfortable in yourself knowing you’re capable of looking after another child
without being tired and stressed and worn-out, overloaded, that kind of stuff.

Similarly, Yvonne said:

It took me a while before I decided the second one could be a good idea. About two years I think, when we started coming out of that… you see I was really lucky because you see he hit two and turned into the perfect child whereas everyone else’s child was hitting two and turning into the monster from hell. Mine had done all that. He was walking. He had a really good grasp on the language and that sort of thing so he was getting a lot less frustrated. We could make each other understand what it was we wanted. He had boundaries to work to at that stage so he was great. I started enjoying being a parent at that stage.

Sonya, Dawn and Lara spoke about having children close together in order to pass through the “baby stage” quickly. Lara and Sonya wanted to have a second child quickly as a result of finding that caring for a baby was much harder than expected. Accelerated childbearing of this nature was probably further evidence of the influence of social pressure to have at least two children (see Chapter 6, pp.139-141). Sonya reasoned:

[child] is/was such a handful, such a handful when she was a baby.

So I would like to get that out of the way, if we have got to do it all again.

Lara and Sonya’s reasoning contrasted with other participants in this study who postponed or whose spacing was based on their perception of coping. Penny (four year gap between her two children), for example, said:

I would have struggled to cope if I had had them closer together. I would have felt out of control.

Additionally, Focus Group One (Appendix L, Excerpt 10) discussed having children close together making it hard to cope. Furthermore, they felt that by having children close together it was not possible to give each child individual attention and to enjoy each of their children. They also held the opinion that if the ages of children were widely enough spread then older children could help to look after younger children. Indeed, Una’s, Maria’s and Faye’s children were widely spread in age and these
participants had found this advantageous as the older children helped them to care for the younger children. However, none of them had intentionally set out to create this help. Additionally, Lara, Kay and Olga found having long gaps between children (but not as long as Una, Faye and Maria had) meant coping with children of different ages and therefore differing needs which had its own difficulties. Lara commented:

The difference is now that I have got two age groups to cater to, which is even more of a stretch.

However, having four children relatively close together presented Dawn with similar problems:

I notice now that we don’t do as much now with our little kids as we do with the bigger kids… just time, just juggling everything… the elder kids have got bigger demands.

Beryl and Claudia were undecided about whether to have a second child but realised that if they did there would be a gap of at least 7 to 9 years between their children; they were concerned this would make motherhood too hard, Claudia said:

I kind of feel like now I’ve missed the boat a bit because she is 8 years old… we are not at that stage where she needs that real intense parenting like a baby or a toddler does where it is just full-on. And I think I would find it really hard to go back into that now.

Overall a smaller gap was seen as better for the children but a larger gap as better for the mother. However, to be really beneficial to the mother the age spread had to be wide enough for older children to assist with caring for younger siblings.

As discussed in Chapter 5, participants referred to attaining financial and relationship stability, education and workforce goals, and fulfilling personal goals such as travel in relationship to the timing of first births but their perception of their ability to cope was far more important for subsequent births. Nevertheless, I interpret the prerequisites sought prior to having children (see Chapter 5, pp.96-104) as being what participants believed they would require in order to cope. Timing intentions could therefore be summed-up as being about the ability to have children under conditions in which they could be coped with.
7.4 Family size intentions

This section discusses the participants’ intentions in regard to their childbearing.

7.4.1 Intended number

A clear idea of an intended family size was expressed by 15 participants; the rest were vague. Eight participants spoke in terms of a range of family size. Olga, for example wanted “three or four” and Irene said “we are definitely having two up to four”. Olga explained:

Sometimes I think it would have been nice to have four but then other times I think well it just wouldn’t be practical and I just probably wouldn’t have the energy to cope with four.

Three participants found it impossible to put any figures on their intended family size. Penny simply knew she always wanted “more than one”. Faye, on the other hand, said:

I could have a family the size of ‘The Waltons’… I won’t stop until we can’t have any more or unless there was a big major thing that happened to our family that would make us stop.

Wanda also had trouble saying how many children she intended but said her partner had definite ideas. Further evidence of the indecisive nature of participants’ family size intentions was provided. Four of the seven participants who were hoping to have more children were undecided about how many more, and three participants were, at the time of taking part in the study, undecided about whether or not to have any more children.

Altogether 16 participants used the families in which they or their partners (and in three cases both) had grown up in to assess their ideal family size, which guided their intentions. The influence of family-of-origin was very obvious in interviews because participants often immediately referred to it to explain their own preferences without being prompted (see also Read et al., 2007, Appendix J). Families-of-origin were not necessarily used as a model to be reproduced but rather acted as a reference by which the pros and cons of different family sizes were assessed. Eleven participants expressed a preference for a family size different to the one in which they or their partners had grown up. The majority preferred a larger family size. Most commonly
they had grown up in a family of two and their ideal number of children was four. Kay, for example, said:

I think because I was part of two children, there were two children in my family. And I had cousins who had seven and I just really, really wanted more siblings, desperately wanted more siblings. I like that whole notion of lots of people around and not everyone being so self-centred.

On the other hand, eight participants preferred a similar size family to the one in which they or their partners had grown up. These women’s family-of-origin ranged from having two to six children. Irene said:

I just kind of think that you just kind of need more than one to grow up with. I really enjoyed having two brothers and a sister and they were my friends. We moved around a lot so I had friends regardless.

It was apparent therefore that socialisation did not dictate how participants behaved; rather it informed their intentions depending on how they saw their experience.

Nearly all participants intended to have more than one child. Most participants talked about the desirability of siblings for companionship and for learning appropriate social interaction skills (this appeared to be ideologically influenced (see Chapter 6, pp.139-141)). June alone intended (and preferred) to have a single child. She believed that her only child would benefit from individual attention:

I think one person would benefit from my input, two wouldn’t… it would be really nice for her, if [child] got the undivided support that she needed… I think if I had two I think they would be sort of relegated to each other and I don’t know, I don’t go in for that much.

Alternatively, some participants thought not having siblings put too much pressure on the child. Trish, for example, said:

I think when you have another one around they remind you that we all have our own strengths and weaknesses. We are not all the same. We might expect [first child] to be too perfect, to meet all our expectations if it was just him.

Participants also considered what life would be like for their adult children. Wanda said:
…as parents age, well if you’re an only child then all the weight of their expectations fall on you… If you’ve got siblings that sort of spreads the load.

Similarly, Renee explained:

Not so much on this end of the scale, because [child] is getting one-on-one attention and she has her friends and she is getting all of that, but I think it is later on in life. And being an older parent and if anything happens to us, she really doesn’t have a support network – that’s it. She has no cousins, no brothers and sisters – that’s it.

Like Renee, six other participants also spoke about building family connections and blood-ties as a reason for having more than one child. Penny said:

I wanted them to know that they belonged, that there was that family connection even if something happened to my partner and myself.

Notably, a history of adoption appeared to make the issue of blood-ties particularly important as this group included all participants who had been adopted (two participants) and those whose partners had been adopted (two participants). This underlines participants’ referencing of their or their partner’s experiences to gauge how they should act. Furthermore the differing perceptions of the amount of attention that was best for children and the consideration of children as adults was probably also informed by personal experiences.

Six participants saw having three children as undesirable. This also appeared to be ideologically influenced (see Chapter 6, p.140) but was also informed by their or their partner’s experience. Penny said:

I was one of four children but my oldest sibling was 17 years older than me. I was the oldest of the younger group of three. So it was like I came from a three child family. They talk about the middle child syndrome and that was my brother and he certainly went more off the rails than the rest of us. And I don’t think [second child] would make a good middle sibling.

On the other hand seven participants gave their ideal number of children as three (some of these said three or four). In contrast to Penny, Olga said:
I come from a family with three and [partner] comes from a family with three. So probably in the back of our minds that three would be a good number.

For a few participants, the decision to have a third child necessitated having a fourth child which may seem too many to cope with and was seen as being on the edge of acceptability (see Chapter 6, pp.154-155).

The participants’ intentions for future childbearing varied. Seven participants intended to have at least one more child (I heard at least three of these did) and three were undecided (one let me know she had had another child). Six participants (or their partners) had taken deliberate steps to prevent future pregnancies; one participant had had a tubal ligation and the partners of five others had vasectomies. An additional 10 participants believed they had finished having children. However, 5 out of this 10 held this belief because they thought they were too old and/or unlikely to conceive because of past difficulties. As it happened, one of these participants let me know subsequent to the interviews that she had had another child. This meant, while that particular child was not the result of intentional action, she then had the number of children she had originally intended. These findings imply that not having a child may have been more intentional than having one.

**7.4.2 Shifting intentions**

The family size intentions of most participants changed over time. Moreover, preferences did not necessarily translate to intentions. The tenuous nature of family size intentions and preferences was indicated by Gemma who said:

> I think I would like to have had like four. But, you know, rather than that being like a plan – it’s a dream, it’s a whim.

Of the participants who considered their family complete and able to give an indication of how many children they wanted, only Anita could be said to have had strong unwavering childbearing intentions. She proclaimed:

> I had the amount [of children] that I always said I would, at the age I said I would.

Nancy, Trish and June had the number of children they said they had intended but originally Trish and June had wanted no children. Nancy, on the other hand, decided against having a previously intended second child because of her difficult experience
with her first child and postnatal depression. Her second child nevertheless arrived due to an accidental pregnancy. Kay, Gemma, Chris, Elaine, Olga and Zola intentionally had fewer children than they said, whereas Dawn intentionally had more. Fecundity problems had played some part in Kay and Chris not having as many children as they had intended.

Firsthand experience of childrearing was the main reason family size intentions changed. Family size intentions prior to having children were mainly from a child’s perspective. Kay for example said:

When I was young I wanted six, I got my first and realised the reality of how hard it is. I thought four.

Participants’ preferences and ideals were connected only with their childhood experiences. This became clear to me when it appeared that Anita had changed her mind about how many children she desired. In her first interview she said her ideal number of children was six but in her follow-up interview she said she had always wanted three. When asked, she explained this by saying:

I think what I meant, because I come from a big family, it would be like ideally big families. I think it’s a great thing to have a lot of children, a lot of brothers and sisters but I’m not so sure as a parent I would have coped so well.

This meant that Anita intended to have three children but her socialisation led her to see six as ideal. A similar view was expressed by Zola (intentionally had two children but her ideal was four) when she said:

I think, oh it’s so much fun for the kids being in a family with more children but it’s actually not so much fun for the parents.

Further support for this premise was provided by a participant who told Focus Group Three about her motivation to have children:

I think that I have good memories of my childhood and trips and holidays that we did stuff that we explored and so on. So you just sort of think, oh it should be fun to have kids.

The participants then did not blindly pursue family size ideals. Indeed Anita’s comment in particular demonstrates she did not passively absorb socialisation experiences but processed them to come to an understanding about what was right
for her. Shifting family size intentions were associated with motherhood being different to what was intended. It was unsurprising that, after becoming a mother, participants mostly down-sized their childbearing intentions given that most found motherhood more difficult than they had anticipated.

As the participants gained firsthand experience of motherhood, their perception of what they could cope with became the major basis of how many children they intended to have (see also Read et al., 2012, Appendix I). However, a second child was mostly taken for granted (see Chapter 6, pp.139-141) (other than June and Beryl). It was only after child two that participants usually questioned their ability to cope. A participant told Focus Group One:

Once I actually had my first child I thought I don’t know how anyone does this, this is the hardest job I’ve ever done in my life. She had colic, she was a very unhappy baby, she’s lovely now but it was really, really tough for months and months and months, barely got a wink of sleep and thought I don’t know if I can have one more let alone 4 or 5 more.

Participants’ intended family size, beyond two children, came to be based on their perceptions of what their existing children needed and their ability to provide those needs (see also Chapter 8, pp.212-213). Gemma put this succinctly:

I remember our decision on not going to have a third child was very much we thought it's going to affect our ability to parent our other two.

Participants talked about coping in relation to their own and their children’s physical, emotional and financial needs. Penny thought the psychological burden of children was greater than the financial. She said: “the cost of the child is borne emotionally”. All the participants mentioned more than one type of need as being important and there was some overlap between needs. For example, the perception of coping psychologically was closely connected to their perception of their ability to cope physically. Sonya believed that she needed “stability both physically and mentally” and to be “in a good emotional, mental state” to be able to cope with having children. And Kay said:
I believe that if you physically, or monetary wise, or emotionally, can’t cope with any more children, you shouldn’t have them. Flexibility around family size allowed the women to assess their ability to cope with each additional child. Irene said:

I joke about having more but I think I would probably stop at four. I think seeing how busy four can be, going in four different directions. Like I think it can work and I know that bigger families can work. But I just think it is probably getting too much to have more, for me, anyway.

The consideration of what was best for them and their family mediated through their perception of coping, suggests that participants’ family size intentions after having children were much more consciously and pragmatically reasoned, at least beyond two children.

Participants did not appear to be particularly motivated to have a further child in order to achieve a mixed-sex family. When the intention was to have a child of a particular sex it was more complicated than just wanting at least one of each. The sex of existing children influenced the childbearing intentions of up to three participants. Amy was clearest about this. She expressed a preference for having at least as many girls as boys. If she had had two girls and one boy she may have stopped at three but, because of the sexes of her children (one girl, two boys), she intentionally had a fourth child which she tried to ensure was a girl by timing conception. She said about the prospect of having a fifth child:

If I had another baby and it was a boy then to balance things out I’d have to have another one and I’m not going there… whereas if we had had a girl then we might have been able to stop at five.

Sonya, who had a girl, was less definite. She was planning a second child, her partner wanted a boy but additionally her partner wanted three children and she preferred two. She said:

If it is a boy we would have two but if it is girl we will try for a boy

However, Sonya added:

Well that is their father’s way of thinking, but I suppose I kind of think like that now – but when it comes to it.
Kay was unsure whether having a girl after two boys had played a part in her stopping at three children rather than having four. She had “wanted a girl every time” but in regard to her third child pondered:

…if she had been a little boy, even though I said when I was pregnant we would have gone back for a girl, I don’t know, we may just have gone that is enough for us to handle.

The remainder of the participants said either that the sex of their children had not affected their childbearing intentions (although they may have preferred to have a girl or a boy) or made no clear comment about sex preference. The data suggests that the sex of existing children may affect the childbearing intentions of some women but indicates that this can involve quite complicated perceptions of balance. The data also suggests that it cannot be assumed that intending to have more than one child is aimed at achieving a mixed-sex family. Rather the data suggests at least two children are necessary because it is the smallest number that will provide a child with a sibling for companionship.

7.5 When plans go awry

It is apparent from the discussion above that few of the participants’ childbearing could be described with any certainty as unambiguously intentional. Plans were vague, subject to change or were thwarted. Just as expected outcomes of intended behaviour are of interest so are outcomes when plans go awry. As the study only included women who had been able to have at least one child, unintentional childlessness cannot be considered although some participants speculated on how they would have felt had this had been the case (see Section 7.1.1, p.166). This leaves two areas to be explored – having fewer or more children than originally intended and having them at a different time to when they were intended.

7.5.1 Lucky accidents

When childbearing did not go as planned the participants tended to have a positive attitude. Kay’s story illustrates this well. Her first child was unplanned, she experienced difficulty having her third child and had come to a decision to have three rather than four children. Nevertheless she said:

I am really happy with everything and I can see positives out of the gap as well because you do get time to have with each one as a baby.
Like now [second child] is in kindergarten, so [third child] and I have had a lot of time together and I have had that with each of them and it has been nice.

Renee also viewed positively a large gap age between her daughter and intended subsequent children, despite having envisaged having children closer together when she first became a mother. She believed her children would benefit from one-on-one attention but still have the sibling connection when older. Una and Zola expressed similar attitudes about their revised intentions of the number of children that they would have. This positivity was also reflected in the way most unplanned children were thought about. Participants used phrases such as “a surprise package”, “a real joy” and “special” to describe their children. Wanda, for example, said:

I sort of regard her as special because you know, she may not have been there so… maybe she’s going to be achieve more or do something special or something.

Similarly, Claudia thought having her unplanned child was “a lucky accident” because otherwise she may have not had any children. Her pregnancy at that time also meant she studied the rest of her university degree part-time about which she said:

I really enjoyed having that more time to do it, because it gave me more time to consolidate what I was learning and the course I was doing… in one way it was almost ideal.

Moreover, the participants when imagining possible future scenarios appeared to be prepared to embrace family sizes different from those they intended. For example, Hilary envisaged not being able to have any more children and reflected:

My husband and I would be disappointed if we couldn’t, but no, it would just give us more time to be with these two. And I think they would be better off for it too. And of course financially, is an issue too, there would be more resources to be used on just these two rather than splitting it four ways.

As discussed above, apparent contraceptive failures may indicate avoidance of intentional decision making. The best support for this supposition came from Una who was undecided about whether to have another child but said:
To be absolutely honest I am playing a bit of Russian Roulette with the old contraceptives and there is part of me hoping that I “accidentally” [makes quotation marks in air with fingers] fall pregnant.

On the other hand the story of Kay’s first pregnancy did not seem to uphold the supposition. She said:

I think I did about three pregnancy tests and then went to the doctor and said the pregnancy tests say I’m pregnant and he said “Well you probably are” and I was like in denial. But then we were really, really happy.

Kay’s story was more consistent with the idea that pregnancies tend to become more wanted over time and preconception intentions had little influence on how wanted babies were.

7.5.2 Knocked for six

There were two exceptions to this general positive attitude. Lara had not looked on the ‘bright-side’ of having an unplanned child. She used the word ‘devastated’ several times at different points of the interview to describe how she felt about falling pregnant with her unplanned third child. She said:

The third one knocked me for six because I wasn’t expecting it. It wasn’t planned. I had stopped at the two and the plan was [second child] was going to go to school the following year and then he fell sick and I fell pregnant around about the same time. And I was just devastated I was pregnant. I didn’t even tell anyone until I was nearly 30 weeks… everything I had put in place for the following year was crumbling. So that was a bigger issue, so then any other dreams I had, fell by the way side.

Elaine also expressed some regret. She blamed not having as many children as she would have liked on her age. She said:

I always envisaged and I always wanted to have a large family so that was always my thought is I wanted 4 kids – which I still do quite happily… if I was younger, I would still go and do it, now, knowing what I know. Yeah but, no I won’t [laughs]. I’m over the sleepless nights.
However, Elaine also expressed a dislike of toddlers and a lack of enjoyment caring for young children. She had worked full-time while her partner (now ex-partner) had taken on the role of primary caregiver. She said:

…my kids drove me insane, so that was like another reason for going back to work full-time as well.

This led me to doubt that she would really want to have more children. I reflected whether I was assuming women should want to care for children to whom they give birth to. Men express a desire to have children but there is not that same expectation that they also should want to care for them. Yet Elaine also said:

I know I never intended to work full-time… if you’ve got this perfect world you’re able to stay at home with no pressure with the children when they’re younger and then once they’re in school it’s very much back to the old scenario.

It is unclear whether these contradictions are due to Elaine giving ‘socially acceptable’ answers about wanting more children or whether she had not reflected on her relationship with motherhood. She had a non-custodial parent role which may have made her more prone to ‘prove’ her connection with her children. Further, Elaine and Lara were the only two participants who recorded their relationship status as ‘separated’.

7.5.3 Coming to terms

A few participants appeared to be more circumspect about their thwarted plans, accepting what happened without viewing it either positively or negatively. Vera for example had intended to have three or four children but after needing IVF treatment had “come to terms” with not having as many children as she had intended. Similarly, Yvonne thought it unlikely she would have a second child. At the time of first interview she said she had not used contraception for about ten years, her son was then four years old. She said about having a second child:

If it happens, it happens, we’ve got one and we are very happy with our one.

Moreover, although she would have preferred to have a child close to the time she had first given up contraception, the actual timing of her child was not a major concern. When it happened was less important than it actually happening. Indeed, the participants who had experienced delays of more than a year when becoming a
mother because of difficulty establishing a successful pregnancy did not suggest that this had either positive or negative broader implications.

7.6 Discussion
In this chapter I have focused on the third agency criterion (the individual’s actions are intentional, with an intended outcome) by looking at whether participants’ childbearing was intentional with an intentional outcome. Becoming a mother was the greatest intention of participants, how many children was of secondary importance and when those children were born was of least importance.

Most participants were unwavering in their intention to become a mother. Yet, in keeping with the assertion that most couples do not go through a structured decision-making process when considering having a child (Neal & Groat, 1980) only Gemma claimed to have carefully considered starting a family. Consistent with women in previous studies (Maher et al., 2004; Cannold, 2005; Evans et al., 2009), most participants found it hard to express why they had had children. Mostly participants put the intention to have children down to biological drive and the desire for familial intimacy and connectedness. The themes were largely in keeping with previously cited childbearing motivations (Hoffman & Hoffman, 1973; Beck & Beck-Gernsheim, 1995; Sarantakos, 1996) with the notable exception that children were not considered economically advantageous. Similar to findings from previous research (Cannold, 2003; Evans et al., 2009) some participants thought childlessness was more rational. Participants appeared to be emotionally motivated to have children rather than having well thought out and articulated reasons, consistent with Zelizer (1985). The emotionally driven desire for motherhood also offers an alternative to Cannold’s (2003) interpretation that having difficulty in articulating reasons for having children suggests a normative explanation. Nevertheless, it is not possible to say whether or not participants were resorting to these explanations because they were unaware that they had been influenced by social pressures. As was seen in Chapter 6, participants were largely aware of social pressures to have children but most did not think they were affected by them.

Participants’ intentionality in becoming a mother was questionable because most had
not consciously considered the alternative. In keeping with widespread social expectations for women in heterosexual relationships, infertility and the lack of a suitable partner were the only articulated circumstances in which the participants as a group had envisioned not having children. On the other hand, in contrast to the findings of Neal and Groat (1980), most participants had taken deliberate actions to have their first child and so mostly entered motherhood intentionally.

Intentionality in regard to participants’ experience of motherhood was mixed. Of course it is never possible to fully anticipate any new experience, as the participants attested. Nevertheless, motherhood often appeared to be appreciably different to what participants had intended. Some participants complained they had been misled, two that they may not have had children had they had a better idea, and several participants used the word ‘shock’ to express their reaction to motherhood (echoing findings from a study of women in 1970s London (Oakley, 2005). Participants had expected the demands of motherhood but found it was much harder to cope with those demands than most had imagined. This finding is also consistent with previous studies that identified a mismatch between women’s expectations and the reality of motherhood (Woollett & Phoenix, 1991; Mauthner, 1999; Arendell, 2000; Lupton, 2000; Swedberg, 2003; Oakley, 2005; Shelton & Johnson, 2006). As a predominant motivation to have children was to not miss out on the envisaged experience, this poses a major challenge to intentionality. Any intentionality that may be attributed to the participants in becoming mothers was compromised by the outcomes being unintended. Even so, the data shows that by having children the participants were creating social connections that were very important to their life satisfaction. Despite the adversities they faced when having children, being a mother was pivotal to them leading the life they intended.

McDonald’s (2002) assertion that there is an unmet demand for children was not supported. Childbearing preferences, in regard to family size, and hence original intentions tended to be informed mainly by critically reflexive appraisal of childhood experience but peer behaviour and ideology were also influencing factors. In keeping with previous research (Ware, 1973; Young, 1974) family size intentions were frequently imprecise. Critical reflexivity was also apparent as intentions were not
static. Similar to Carmichael’s (2013) findings, reappraisal occurred in the light of experience. Shifting family size intentions were mainly associated with motherhood being different to what was expected. The dissonance often resulted in fewer children being intended once experience was gained. Therefore, once two children had been achieved, family sizes tended to be the result of more consciously reasoned decisions, particularly based on the participants’ perceptions of coping. Similarly, Evans et al. (2009) found perceptions of coping abilities were important when considering a third child. While there was evidence that a preference for a child of a particular sex or children of a particular mix of the sexes occasionally affected family size intentions, the supposition that childbearing intentions were affected by a general preference for a mixed-sex family (Miller, 1994a; Gray & Evans, 2005; Kippen et al., 2007) did not appear to be supported.

Intentions around timing of children were even more fluid than intentions around family size and formed a continuum that ranged from highly planned, through semi-planned to unplanned. Previous research (Miller, 1994b; Bachrach & Newcomer, 1999; Zabin, 1999), similarly indentified a spectrum of childbearing intentionality. Describing children and pregnancies as either planned or unplanned, intentional or unintentional, therefore appeared to be an over simplification. Expecting to be able to compartmentalise intentionality may therefore be why, as previously discussed, terminology has been found to be confusing. Children were mostly welcomed when pragmatically they could be fitted in or when they turned up. Nearly 40% of participants had at least one unplanned child, a finding similar to other studies in Australia (Maher et al., 2004; WebSurvey, 2006) which contrasts with the perception that contemporary childbearing is planned and intentional (White, 2003; Schultz, 2004; Macken, 2005). Participants’ fecundity, unsurprisingly, affected their ability to intentionally have children when they wanted. Assisted reproductive technology helped some participants have the children they intended but its use meant that children were not born when intended. However, timing did not appear to be a major concern. Even when participants were able to have a child ‘at-will’, timing intentions tended not to be pre-planned but depended largely on circumstances and ability to cope. Perceptions of coping appeared to be particularly important in regard to spacing between children, similar to Newman’s (2008) findings. Sonya and Lara
were the exceptions; they intended to have or intentionally had a second child quickly in order to move past the ‘baby stage’. Coping in relation to timing of subsequent children does not appear to have been much explored in the literature. To my knowledge, only Newman (2008) previously touches on the experience of childbearing and early parenthood affecting the timing of subsequent children.

The participants’ intentions, other than that of becoming a mother, were then subject to change. As they had become mothers, most viewed whatever happened after that in a good light (or were prepared to accept what happened) and changed their stated intentions to fit. Similar to previous research (Najman et al., 1991), participants mostly responded positively to unplanned pregnancies and those participants who took a negative view on first finding out they were pregnant usually came to later think positively about what had happened. This general contentment with what eventuated demonstrated the participants’ flexibility around family size and timing. As discussed in Chapter 3, it is possible that these participants were rationalising or giving socially acceptable answers and that unintended children or timing of children was not viewed as positively as participants suggested. However, the enthusiasm that the participants showed for their unplanned children went further than would seem necessary for social acceptability. Indeed, I was convinced participants meant what they were saying. Therefore, not only did these participants welcome the unintended event but they also suggested that it had broader positive implications for themselves and their family. Lara and Elaine were the only participants who appeared discontented with their childbearing outcomes. Joyce et al. (2000) found that the strongest predictor of intention stability was the partner’s attitude to the pregnancy. Lara and Elaine’s relationship difficulties, therefore, may well have been associated with their discontent with their childbearing.

The findings are consistent with previous studies in which intentionality was ambiguous (Neal & Groat, 1980; Miller, 1994a; Trussell et al., 1999; Joyce et al., 2000; Santelli et al., 2003). The findings support Fishbein and Jaccard’s (1973) speculations in that childbearing intentions were unstable (at least in regard to family size and timing) and may be non-volitional. Previous researchers have argued that ambiguity around childbearing intentionality arises because women feel ambivalent
about having had children (Trussell et al., 1999) or alternatively ambiguity is the result of being unconcerned about how many children they have and when they have them (Klerman, 2000). Given that the participants’ experience of motherhood was harder than they expected and that they tended to look on what eventuated as being for the best, the findings seem to best support the ambivalence argument. On the other hand, given the participants’ attitudes toward the timing of children the relaxed attitude argument appears to be best supported.

7.7 Conclusion

In regard to the third criterion (the individual’s actions are intentional, with an intended outcome), childbearing actions varied widely in their intentionality and whether or not actions produced the intended outcomes was questionable. It was rare for all reproductive acts to be highly intentional. Rather, intentionality around having children was fraught with ambiguity and, at best, was imperfect and intermittent. All participants could be said to have intentionally become mothers; the intention was long held by most and most had deliberately acted to have their first child. Nevertheless, given that motherhood came as a shock to so many participants, the fundamental act of becoming a mother did not entirely result in the intended outcome. Thus motherhood intentionality was compromised. Nevertheless, by becoming mothers participants created the social connections that they had intended and, as such, motherhood fulfilled their intended life plan. Mostly participants did not have firm intentions about family size and timing of children. Intentions were shaped by perceptions of what could be coped with. Occasionally, participants had an intention to create a family with a particular gender mix which sometimes affected family size but this did not appear to be common. The intention to have a child at a particular time fitted along a spectrum of intentionality, from highly deliberately planned to unplanned. Having at least one unplanned child was reasonably common. Some participants had their children almost on demand but fecundity problems meant others were unable to intentionally time their childbearing. Mostly, when things had not gone according to plan whatever happened was viewed positively or was accepted, underlining the fluidity of intentions. Evidence of discontent with unintended outcomes may have been influenced by breakdown of relationships. Motherhood appeared to have been for many the only nonnegotiable intention.
Therefore contrary to the perception that contemporary childbearing is highly intentional, the findings paint a picture of ambiguous intentionality.

Reflexivity around childbearing actions, in relation to the sixth criterion (the individual is reflexive (i.e. is structurally- and self-aware, self-monitors and critically appraises their actions)), was also highly variable. Most participants did not arrive at the intention to become a mother via critical appraisal. Instead participants appeared to be mostly unaware of their motivations but most often cited biological and emotional drives. The type of motivations may explain the lack of reflexivity but it could be equally true that participants were un-reflexively responding to social pressures. Critical reflexive agency was associated with intention instability. Intended family size was often arrived at by ongoing critical appraisal but, usually, only after having at least two children. Family size intentions were frequently informed by motherhood experiences and perceptions of coping. Perceptions of coping were also important in appraising timing intentions, particularly in regard to subsequent children. Therefore, in regard to family size beyond two children and timing, a critical reflexive agentic interaction was implied where participants took into account their actual experience and circumstances rather than passively reproducing modelled behaviour learnt through socialisation.

This chapter has demonstrated that intentionality was ambiguous, unstable and, in conjunction with the previous chapter, questions participants’ capacity to act volitionally. Nevertheless, critical reflexivity was apparent episodically. In the next chapter I further examine the participants’ volition by analysing the data through the lens of the ability to make choices, considering participants’ preferences and the choices open to them.
Chapter 8: Choices – complexity and limitations

Today, for the first time in history, women can totally control their fertility. The consequences of this are revolutionary since they give women an unprecedented degree of control over virtually every other aspect of their lives (Summers, 2003, p.34).

8.1 Introduction

The previous findings and discussions chapters brought into question the participants’ capacity to act volitionally. This capacity is further explored in this chapter by considering the fourth agency criterion: The individual can freely make choices. The ability to choose also implies the conscious consideration of options, including the implications of taking up options, and the ability to adjust context in order to achieve preferences. Hence, this chapter also has implications for the sixth criterion regarding reflexivity and the seventh criterion regarding manipulation of circumstances. The participants’ perceptions of choice in regard to childbearing and childrearing and wage earning responsibilities are explored.

Contemporary women have been considered as being able to freely choose what they want to do with their lives (Harris, 2004). Anne Summers (see quote at head of chapter) asserted women control their lives because they are able to control their fertility. As was seen in Chapter 2, similar narratives of choice have frequently been found in explanations of childbearing behaviour (Leibenstein, 1974; Easterlin & Crimmins, 1985; Becker, 1991; Beck & Beck-Gernsheim, 1995; Hakim, 2003c). Joanne Baker (2005) argued that the discourse of ‘choice’ reinforced gender inequity by obscuring social processes that led to disadvantage. On the other hand, Gerson (1985) acknowledged that choices occur within a context. She found that women’s preferences are shaped by society but that women actively participate in shaping their lives; reacting to, and changing the circumstances in which they find themselves.
Women's ability to make choices around childbearing, childrearing and workforce participation has been greatly contested. Women have been commonly portrayed as choosing motherhood (e.g. Manne, 2002; Costello & McKew, 2004; Davis, 2005; Albrechtsen, 2008) and the number of children they have (Hakim, 2003c). Some feminists have accepted that motherhood is desired by some women (e.g. Greer, 1970; Friedan, 1976; Gilligan, 1982; hooks, 1984; Wager, 2000). Nevertheless, feminist discourses have more commonly depicted motherhood as structurally imposed (Neyer & Bernardi, 2011). Only the choice to have children has been socially affirmed. Having children has generally been interpreted as natural (hence biologically determined) and normal (Gillespie, 2000; Morell, 2000; Maher & Saugeres, 2007) whereas childlessness has been deemed deviant (Veevers, 1972; Gillespie, 2000; Park, 2002). Furthermore, it has been found that when women have chosen childlessness they have been disbelieved (Gillespie, 2000; Morell, 2000).

Opinion has also been divided as to whether the usual division of childrearing and wage earning responsibilities along gendered lines can be considered as chosen. It has widely been assumed that mothers will be the primary caregivers of their children because this has been biologically determined (Rossi, 1984; Osborne, 2006). Others have contested that fathers are equally capable of caring for their children (Dinnerstein, 1976; Kurz, 1997), or that non-parental care offers a suitable arrangement and women greater options (Greer, 1970; Wake et al., 2008). It has been argued that, given the option, most women choose the primary caregiver role over workforce participation (Evans & Kelley, 2001; Hakim, 2003b; Gilbert, 2008). Alternatively, women’s reduced workforce participation has been attributed to the constraints of motherhood expectations and lack of support structures to enable women to combine careers and children (Probert & Murphy, 2001; Summers, 2003). Australian welfare policies have been implicated in discouraging women from choosing greater workforce participation (O’Neill & Johns, 2009). Conversely, it has been argued that women limit their childbearing because of their workforce participation (Pocock, 2006; Manne, 2008). Alternatively, it has been found women may choose to have fewer children in order to curtail the amount of unpaid work expected of them (Wright, 2008). Therefore all permutations of cause and effect have been posited. The common ground has been the interrelatedness of childbearing,
childrearing responsibilities and women’s workforce participation. Women’s choices in regard to work or children have been found to limit their other choices (Gerson, 1985; Summers, 2003; Manne, 2008).

The scope of this chapter was prescribed by the participants’ narratives about their ability to make choices and the influences on their choices. The chapter first looks at participants’ beliefs about the childbearing choices available to them including the perceived effect of biological factors. Then choices in relation to timing of children are considered. The chapter moves on to look at the influence of partners’ preferences and the consideration of children’s needs on participants’ choices. Finally the participants' perceptions of their choices in regard to childrearing responsibilities, workforce participation, and their ability to make choices in other aspects of their lives are explored.

### 8.2 Reproductive control

This section covers the participants’ perceptions of freedom of choice in regard to childbearing, including how much control was possible or desirable taking into account biological factors.

#### 8.2.1 Selecting motherhood

All participants expressed the view that they had chosen motherhood. Most participants perceived that assumptions, expectations or pressure from others was unimportant in regard to what they did (see also Chapter 6, pp.134-135). In the second round of interviews I asked “How free do you believe you were to either select or reject motherhood?” Anita and Gemma stridently answered respectively that they had “total choice over it” and were “totally free”. Chris also thought, that despite societal pressure (see her quote p.134), motherhood had been her choice. Seven participants vaguely talked about the circumstances of their choice but overall conveyed they felt in charge of the situation. Five participants were uncertain about how free they were. Dawn and Olga simply admitted they “didn’t know”; whereas Nancy, Zola, and Maria saw it, to use Nancy’s words, as “a bit of both”. Nancy, Zola and Olga felt that their relationship with their partner involved having children together; this was what their partner wanted and what they wanted. Zola for example said:
I think I was free until I met [partner] and then, but it wasn’t as if it was a trap, it was just that once I met him that it was inevitable that we were going to have kids.

On the other hand in relation to her first unplanned child, Maria said “Initially, you know, I don’t think I was free to reject [motherhood]”. She remembered media at the time actively pushing the idea that terminations could lead to infertility. However, Maria’s motivation to keep the baby was because she wanted children:

I really felt that I didn’t want to limit myself you know to the possibility of being infertile.

She had not chosen the timing but she had chosen motherhood. Claudia, who had felt free to choose, thought similarly about her unplanned child but felt equally she could have terminated the pregnancy. She said “…it was really something I wanted to go through with. That was my one opportunity.” Her perception, however, may have just been with the benefit of hindsight. Participants (including participants in the first round of interviews) always talked about motherhood as their choice even if they had not chosen the timing of becoming a mother.

The issue of pregnancy terminations, however, exposed some participants’ absence of choice. Three of the four participants who had had terminations, considered they had not chosen this action. One terminated a planned pregnancy because, before she was aware of her pregnancy, she was prescribed medication likely to cause foetal damage. She later terminated another pregnancy because she felt unable to afford the child. Another participant explained her decision as resulting from coercion by her partner. She said:

My husband… can sell ice to Eskimos and at the time I was feeling very emotional and hormonal. Now I think I would probably stand up and argue a bit more about it. So I would have looked at going on with [the pregnancy].

A further participant was pregnant as the result of being raped. She said “I was forced to have a termination by my parents”. She had no choice about whether to have sex, to fall pregnant and what to do about the pregnancy that resulted. In the cases of these terminations these participants clearly perceived a lack of freedom of choice brought about by circumstances or forced on them by others.
8.2.2 Levels of control

Participants’ perception of control appeared to be influenced by their perception of the outcomes. Nancy said “I’ve had a lot of control, I think, because I’ve done what I wanted.” Elaine, on the other hand, expressed some dissatisfaction with the number of children she had. She believed she had been making choices at the time but in retrospect felt her fertility was the result of circumstances and her fecundity, rather than chosen. Moreover, Anita, June and Chris suspected control was more apparent than real. They thought their childbearing outcomes may have ‘accidentally’ coincided with their preferences. June articulated this clearly:

I am one of those people that think I am totally in control and planned all that, but if something didn’t work out. And I think this is something I have been learning about human beings. When everything goes okay you actually believe you are masters of your own destiny. It’s not until the wheels fall off that we realise that we are not.

Preferences, however, were subject to change (see Chapter 7, pp.181-185). At the end of the second interview Anita came to the conclusion “We have control to make plans”. And Yvonne made the point:

Because you know it doesn’t always happen the way you plan… there’s choices that you can make but there’s other choices that you can’t necessarily control.

The data here indicates that participants’ perception of choice does not imply they perceived they had total control, rather they perceived some options were available to them from which they could select and that if all the variables were in their favour then their intended outcomes would be achieved.

Dawn, Olga, Zola and Faye felt women had as much control of their childbearing as was feasible and desirable. Amy, however, thought the perception of control was greater than the reality:

Our mothers used to spend all their time, because contraception wasn’t readily available, sort of spending all their time trying not to fall pregnant. Now we’ve got contraception, particularly from my point of view, you sort of think I’ll stop taking the pill or whatever
and I fall pregnant straight away and of course it doesn’t happen that way.

Similarly, Yvonne thought that the emphasis on contraception had meant the fecundity difficulties had been understated. Moreover, Gemma, Anita, Zola, Maria and Yvonne thought some women were able to make fertility choices but this did not hold across all sections of Australian society.

Participants identified influences on women’s ability to control their fertility. Adequate financial and social support, education, universal access to reliable, safe, affordable contraception and ART were frequently mentioned as necessary for facilitating women’s choices. Anita identified three factors she believed she had given her “absolute control”. She said “I have money, I have health, I have knowledge”. Education was seen as particularly empowering because it provided women with knowledge about fecundity, contraception and so on, and opened up other possibilities in life. Maria said:

I think people who are well educated who have come from fairly comfortable backgrounds have more choice… They just seem to have more of an overall picture of the possibility of life and where it can take them rather than this is it, this is my lot.

Yvonne emphasised the need for women to get adequate information about fecundity and technologies related to reproductive control in order to make informed decisions (see her quote p.208 (bottom)). Conversely, the affordability of contraception, terminations or fertility treatment was seen as a major barrier. Maria, Zola, Yvonne and Claudia considered social or cultural pressures prevented some women from being able to make choices. Focus Group Three (see Appendix L, Excerpt 11) discussed how childbearing by choice was not possible for women who led disorganised lives and did not know what fertility control options were available. Anita also recognised that women in abusive relationships may be unable to control their fertility. She also suggested women would feel more in control if men improved their own physical and psychological well-being. Furthermore, Wanda and Zola thought women do not necessarily use their ability to control their fertility.

All the participants were in favour of women being able to make choices about
childbearing but most also suggested some constraints were necessary. Yvonne said “you can’t have *all* of the choice but you can’t have no choice.” It was felt by Chris that it would always be necessary to take into account the size of the world population and Yvonne felt similarly about the needs of partners and existing children (see also Section 8.4, pp.210-213). Furthermore, Anita and Claudia believed some sections of society (especially men) would feel threatened by women having complete control over their childbirth. Wanda, Nancy, Yvonne, Elaine, and Faye particularly expressed misgivings about women having “too much” control. The concept of ‘too much’ control was probably linked to the belief in the ‘naturalness’ of childbirth. This belief may also have influenced contraceptive choices and led some participants to be reluctant to access terminations (see Chapter 6, p.144; Section 8.2.1, p.198) or ART (see Section 8.2.4, p.205). Claudia, for example, wanted a contraceptive in-tune with women’s monthly cycles that was more reliable than the Billings method and that was not chemically based, as is the oral contraceptive pill. Gemma, after her first child, left having subsequent children “in-the-lap-of-the-gods”. She said:

It’s just kind of fun wondering whether or not you will conceive…
And each time I got pregnant it was such a buzz. So yeah, so for me, I was just in the motherhood phase.

Participants’ belief that modern technology should not impinge upon childbirth may, therefore, have limited their choices or affected the choices made.

**8.2.3 Biological drive**

Biology undeniably plays a role in childbirth. It is therefore significant that 17 participants perceived an innate biological urge put the idea of wanting children into their heads. In the first round of interviews, over half of the participants mentioned biological drive as a motivating factor. June was particularly strident about the role it had played in her having a baby:

I believe your DNA and biology insist that you procreate. I think it is all we are here for and all the other stuff we just make up to keep ourselves amused… on the biological level that is all nature wants you to do. You’re an animal, you’re a mammal, you’ve got to procreate. That is what you’ve got to do.
In focus groups and the second round of interviews I directly pursued the topic of biological drive, to gain greater insights. All the focus groups (see Appendix L, Excerpt 12) and participants in the follow-up interviews understood childbearing was, at least in part, biologically driven. Further, two-thirds of these participants felt that they had personally experienced biological drive to have a child although they had difficulty in putting that experience into words. When I asked Olga to describe her experience she said:

Oh that’s hard to define isn’t it… I suppose it is a conscious thing that you just think that you would like to have children and just couldn’t imagine not having children I guess.

Claudia was the clearest about what she had experienced:

I think I experienced this as purely as a hormonal sense. I can remember having this feeling one day driving in the car with my boyfriend who later turned out to be [child’s] dad, like of, oh my gosh my body is so fertile and just wants to have a baby. And it was like this incredible warmth. And I think it lasted, it didn’t last that long, it was only about five minutes but it was just like my body was very clearly saying, on a chemical basis, you need to have babies now if you want to. Like, now is the perfect time to be having them.

Claudia also believed she experienced a “biological urge” to continue with her pregnancy which was unplanned; she felt “nature takes over”. However, five of the women were unsure if it was part of their experience and whether it had been part of their own motivation but it still made sense to them from an evolutionary perspective. Amy said:

In some ways, you kind of think that [biological drive] has to be there because if we didn’t have babies, that would be the end of the human race.

Nancy and Beryl thought biological drive may become more important for women reaching the end of their reproductive years. Chris was the most sceptical; she spoke about her sister:

[She] didn’t want to have children and then all of a sudden she did and she thought it was an innate thing that suddenly sort of took over. But I sort of cynically look at that and sort of think well you want to call it
that because all the time you didn’t want to have a baby and now you’ve changed your mind.

But later she appeared to rethink her position when she reflected on how she found it hard to relate to women who didn’t want children:

I think its maybe I just find it hard to relate to not having those maternal [pause] I’m going to say instincts and that’s going to bring us back to that biological drive isn’t it? So maybe that biological drive is there.

It is notable, however, that belief in biological drive did not necessarily mean participants believed they lacked options. Seven participants suggested that women had the intellect to resist these urges or spoke about their own experience of resisting. For example, a participant in Focus Group One said:

…we are able to articulate our thoughts and we are able to think about things outside of ourselves so we can actually make decisions rather than just being driven by our biology.

Similarly Kay related:

I realised that I would be no, no, no, and then about the time of the middle of my cycle when I was due to ovulate I would be really “I want another baby” and then I kind of saw this cycle happening and realised and thought to myself that is really hormonal and we have to think about what is best for our family and we have to step back.

Importantly, only Claudia and June made statements that suggested their childbearing was largely biologically determined. Instead, most participants perceived biological drive contributed to their desire for a child but it did not determine their behaviour.

8.2.4 Fecundity problems

Fecundity problems had implications for the participants’ perception of choice. Thirteen participants had experienced conception difficulties, miscarriage or both. Chris, Elaine and Yvonne said that part of their motivation to have a baby came out of the possibility that they would not be able to. Yvonne spoke about how she decided she wanted to have a child after she had had a health scare. She said prior to
the scare it was something she thought she would never do. Similarly, Chris said her experience of fecundity problems increased her desire for a child. She said:

I suppose when you have that difficulty having children that’s like that right that’s definitely what I want, you know. It’s that perverse part of your personality that says well I want to have that experience.

Elaine’s fecundity problems also appeared to have boosted her resolve to have a child. On the other hand, fecundity problems appear to have limited family size in up to three cases.

Four participants had used ART (three used IVF) to achieve at least one pregnancy. These participants had therefore undertaken steps in order to bring about the outcome they wanted. However, Gemma, Kay and Yvonne had not sought help to overcome the difficulties they had conceiving. It is of interest why these participants had not actively pursued their goals. For Gemma this may have been because she did not see that having a child was essential to her life:

It took us about 18 months to conceive and I can remember plan B is – we don’t have kids and we do this and this and this with our lives. I can remember when I got pregnant there was just this tiny little - oh, plan B was looking pretty good.

However, lack of single mindedness cannot be attributed to all the women who did not seek help. Kay said:

When [second child] was one we started to try for another baby and that took over two years to fall pregnant so, and that was desperate, I was desperate for her.

Yvonne had also been keen to have her first child but very slow to seek help; it had taken about five years to conceive the first time which she miscarried and then another year to fall pregnant again. We had this discussion:

Yvonne: …particularly towards the end it was something that was becoming a really big focus. I really, really want to be pregnant. Made the conscious decision not to go down the IVF road but, at the point when I discovered I was pregnant, that we going to look into why it wasn’t happening. But yeah I think I would have been pretty devastated if I couldn’t have had a kid.
Donna: And why do you think you wouldn’t have gone down the IVF path?

Yvonne: We talked about it. We had looked at it as an option and I just felt there was too much pressure, you know it’s going to work, or it’s not going to work. It was more pressure than I wanted to deal with.

Vera, who had used IVF to have her first child, also perceived IVF as stressful and would not use it again. Unfortunately I did not pursue with all the participants who had experienced fecundity problems the reasons why they had not sought help. Perhaps Kay had a similar perception of reproductive assistance as did Faye who conceived her sixth child by IVF:

We were trying to conceive and we had seen the doctor and you know he said “have you tried IVF” and we said “oh no we can’t be doing with IVF, that’s for people who can’t have children.” And he went “well that’s you, you’ve been trying for three years, that’s you” and I went “no, no, no, you know what I mean, people who’ve never had children” and he went “okay, I must tell that to the parents who have had two or three children that are doing IVF.” And he was just joking when he said that so I said “okay.”

Alternatively, Chris initially resisted using IVF because she perceived a loss of romanticism:

I had miscarriages and stuff, had several miscarriages and several years of no answers of what could be going wrong… I was being told we probably would need to have IVF and I tried to muck around with some natural therapies. I didn’t want to have IVF. I wanted to have a ‘love baby’.

Chris reflected here the attitude of most participants that childbearing should be ‘natural’. ART, therefore, was resorted to reluctantly (if at all) due to the perceptions that having children was not essential, childbearing should occur naturally, IVF was stressful and IVF was only for women who have not had children.

The participant’s fecundity was therefore important to their ability to choose to have a child, when she wanted and to have the family size she wanted. Chris suggested
that overcoming infertility and having two children by IVF had given her a sense of agency in regard to her fertility:

I suppose it confirmed that there is some power there because of the issues of infertility and then we were actually able to have children.

However, Chris’s experience of IVF reflected the complexity of choice in relationship to ART. IVF required Chris to choose what she should do with her frozen embryos; she told me “I have to abandon my embryos to not have more”. I asked how she felt about that and she said:

I was having difficulty with it and then… I was talking to someone, they said sort of said “well you know, you might have 20 embryos in there and you can’t use them all.” So somehow it kind of changed my whole thinking about it… part of me thinks just thinks well they’re cells… it has the potential to be a baby but it is not a baby.

It was Chris’s perception that she could not deal with a very large family that assisted her to negotiate the dilemma. In this case her perception of constraint could be interpreted as facilitating her agency by allowing her to choose to have a modest size family and not having more children than she felt comfortable with. Furthermore, ART could not help participants overcome having a child later than desired which had repercussions for choice. Elaine, Vera and Chris, who used ART, said had they been able to bear their children when they wanted probably would have chosen to have additional children.

8.3 Choices related to timing

This section looks at the participants’ preferences in regard to when they had children.

8.3.1 The biological clock

Women’s choice of when to have children is inevitably limited by when they are physically capable (approximately between the ages of 14 and 50). Hilary, Sonya, Wanda, Yvonne and Gemma indicated that awareness they could not delay indefinitely was amongst their prompts to start a family. Furthermore eight participants (who had not had children earlier because of fecundity problems, doing other things or not having a suitable partner) would have preferred to start their families at a younger age (see also Chapter 7, p.175). Of these participants, Elaine,
Chris, Zola, Gemma, Wanda and Olga thought they may have had more children had they started younger. However, this appeared to be largely speculative and was not necessarily seen as a good thing. Zola, for example said:

Perhaps if I met [partner] in my 20s, if I’d been mature enough but I wouldn’t have been, but if I had and we’d had a couple of kids by the time I was 30 say or something. Then we might have had a little break and then had a couple more perhaps.

Gemma, Wanda and Hilary had made other life choices and felt they would have missed out on experiences had they had children younger. Wanda admitted “I was too busy doing other things” and she said her partner had said:

It’s as well we didn’t start earlier or we might have had a lot more.

Additionally, Hilary said:

Probably I would have started earlier, with hindsight, but then I don’t know what we would have taken out. Because I don’t regret doing any of the travel or work.

However, Hilary was mindful she had not experienced fecundity problems. She added:

Although if we had of had trouble having children then it would have been a great regret.

On the other hand, Gemma had experienced fecundity problems but still said “I’m glad we started later, we wouldn’t have had the life we had”. Alternatively, Chris and Nancy who had also experienced fecundity problems were certain they should have tried for a family earlier. Altogether around half the participants would have chosen to start their families at a different age (younger (had first child between 29 and 37 years old) or older (had first child between 23 and 26 years old)) than they did. The remainder of the women would not have chosen to have their children at a different age (had first child between 21 and 42 years of age).

All participants were aware that fecundity declined with age and many were mindful of the risks associated with older motherhood. Moreover, when participants had an age in mind for having children (see Chapter 7, pp.174-175) it was always prior to 35; when fecundity begins to decline significantly. The participants who suffered the
severest fecundity problems were under 30 when they started trying to have children (27 to 29), whereas, Hilary, Wanda and June (first child at 34, 37 and 42 years of age respectively) had fallen pregnant with extraordinary ease. Hilary recalled:

My husband, [partner’s name], and I had been living together for eight years or so. We’d always said when we decided to have children we would get married and so we got married and fell pregnant in four days.

And June similarly said:

Yeah, I think I only had sex once. Yeah at my age, 42. I didn’t have to use IVF, didn’t do this didn’t, have do that, didn’t take my temperature, didn’t check when I was ovulating. So it was like “gonna have a baby, 42, quick, better hurry up”. Then the next week I went “guess what, I’m pregnant”.

These women may not be just an anomaly; a previous study showed increased age was associated with decreased time to become pregnant amongst fertile women (Jensen et al., 2000). Irene, who had her child at 23, felt a need to start young because she said:

I had been told since I was 16 I’d have trouble but in the end it was easy, so. There were definite reasons why I thought medically why I would, so I thought I’ve got to start early.

Yvonne took six years to have her first child which was born when she was 36. She said of her fecundity problems:

I’m not sure how much of that would have been different if I had started earlier.

Nevertheless, Yvonne thought that women needed to be more aware of declining fecundity and would advise women who wanted to have children to not delay so as to best ensure that choice was open to them. She said:

I know with a few friends who are sort of younger and “I just want to get this happening and I want to get to this point in my career before I start thinking about kids”. I do usually just throw in the comment that just be aware that it may not be as easy as you want it to be. Because, you know, it doesn’t always happen the way you plan.
Participants demonstrated far less awareness of the risks associated with increased paternal age. Only Hilary mentioned taking into account her partner’s age and no participant who experienced conception difficulties and miscarriages mentioned the possibility that it could be their partners ‘problem’.

8.3.2 Spacing

In relation to their own or their partner’s upbringing, large gaps between siblings were always viewed negatively, and small gaps positively when commented upon. Consideration was always given to the effect of different spacing on friendship between siblings. Lara, Olga and Trish thought that there was too great an age separation between themselves and their siblings. Sonya, Dawn and Una saw their closeness in age to their siblings as positive and Trish viewed her partner’s small difference in age to his siblings favourably. Trish encompassed both views when she said:

My husband has just one brother, and they were two years apart and they are really close, that’s his best friend – I envy that relationship he has… I have two sisters and a brother there is four years between all of us. That was too long, I think. We were never doing similar enough things to get really close.

Similarly, Hilary said:

We wanted to have our children close together that was both an age factor and also for them as well. For growing, so they can be good friends. I think that is the best thing you can do for your children.

Therefore choosing to have children close together in age appeared to be informed by childhood experience and the ideology that siblings were needed as friends (see also Chapter 6, pp.139-141).

As a consequence of becoming a mother after the age of about 30 some participants perceived it was also necessary to have a short interval between children. Amy called her own childbearing behaviour “condensed”. And Anita said:

I thought a two year gap was good, considering my age.

Chris, Zola and Gemma said they would have chosen to have had two children close together in age and then left a gap of several years and then had another two; a strategy that took into account the pros and cons inherent in the different spacing
between children (see Chapter 7, pp.175-177). However, as they had entered motherhood relatively late (37, 33 and 35 years respectively) this choice was not open to them. Olga, Una and Renee had their first child in their 20s but, because of the spacing of their children, still felt limited by time to have all the children they wanted. In regard to having a second child Renee said “I just think there never seems to be a good time” and “I guess for us time is the big thing pushing me now”. And Olga said in relation to having her third child:

I thought well I suppose age wise and the gap too, I just thought, you know, it’s now or it’s not going to happen.

Nevertheless, Renee and Una (aged 33 and 42 respectively at the time of interview) had not taken positive action to achieve their preferred number of children.

8.4 Considering others

This section explores how participants took into consideration the preferences of ‘significant others’ and that affected their own preferences. The most significant others, in regard to childbearing, were partners and offspring (both existing and intended).

8.4.1 Partner’s preferences

All participants believed that childbearing should ideally be the result of a mutual decision reached by the couple. In focus groups, when discussing the first scenario (in which 32 year old solicitor Colleen is offered a partnership but she is also thinking about starting a family – see Appendix C) I was quickly asked whether Colleen had a partner (See Appendix L, Excerpt 13). I interpret this to mean that the participants considered her partner should be involved in the decision. Most participants’ partners were involved in all aspects of decisions: number of children, timing, whether to use ART and/or carry on with an unplanned pregnancy. The exception, Lara, perceived her partner had abdicated responsibility. She said of him:

You could not have a discussion with him. The biggest thing you would get out of him if you said you wanted to have a baby, he would “Hmm” and that would be it. So apart from being stubborn, there was zero communication.
Around one third of participants said because they physically bore the child their choices took precedence. When I asked Hilary whose choice had priority she said “probably mine, because I’m having them”. Further, Sonya explained:

But it is me that will have to, at the end of the day, make those physical compromises. As much as we make it as a joint decision it’s me that bears the consequences of those decisions, do you see.

Likewise, Kay and Nancy portrayed their partners in a supporting role. Kay said:

I would have had a greater need to have children than he would have. When we wanted to have the third and we couldn’t, I was desperate and he would just support me in any way he could.

And, while June’s partner agreed with having their child, she admitted:

Knowing myself, what I’m like, I would have had the baby anyway even if he didn’t like it, ‘cause I would say “get stuffed, nothing to do with you, it’s my fertility”. It is only when they are being compliant I will let them, I will say “isn’t this lovely we are all in agreement” ‘cause I would do it anyway.

Six participants (some of them the same women), however, said their partners had initiated the discussion about having a child. Beryl said:

He wasn’t pushy or anything but he brought the topic up. He did say it would be good to have a baby… so I knew he was ready and that was good, that was important.

Trish, Sonya and Zola said they would have not have had children had their partners not wanted them. Furthermore, Dawn, Elaine, Irene and Wanda felt the decision to not have more children was mostly their partners’ (or predicted this would be the case) and hence felt they lacked choice.

Participants and partners appeared to have mostly agreed on family size regardless of whose preference was favoured. Some agreed easily, for example, Penny said:

All our decisions in our marriage are 50-50. We just make very similar decisions about things. We just agree about how many children to have.

Other participants spoke about themselves or their partners adjusting up or down the number of children they wanted, to arrive at a mutually acceptable family size.
However, couples were not necessarily consistently of the same mind. There were occasions in the majority of the relationships when either the participant or her partner was keener to have a child. Gemma and Renee experienced big swings in this regard, when their partners wanted children and they had resisted and later when they had wanted children and had to convince their partner. Furthermore, mutual agreement for some could be difficult to achieve. Wanda said her partner was “fairly ambivalent” about having children. Two participants’ current or previous partner had not wanted children because of an inheritable medical condition. Three participants had accidental pregnancies that their partners wanted terminated. As discussed above (Section 8.2.1, p.198) one participant had gone along with her partner’s wishes which she later regretted. The other two had gone ahead with their pregnancies. I was told by one of them:

Well I think particularly with my husband, he wasn't keen… We did sort of talk about whether to continue with the pregnancy and I suppose he would have been more willing to have a termination than I was. I sort of procrastinated and then it got to the point that it got too late to make a choice anyway.

As I spoke only to women and not their partners I do not know whether partners would have viewed their involvement and the level of choice they had, in regard to childbearing, in the same way as the participants.

8.4.2 Children’s needs

The participants’ prioritising of the needs of their children (see Chapter 6, p.148) had implications for childbearing choices. As discussed in Chapter 7 (pp.183-184), in most cases family size intentions, once participants had at least two children, came to be largely based on participants’ perception of coping (see also Read et al., 2012, Appendix I) and in most cases intentions and preferences changed. Kay, for example, said about her decision to have three rather than four children:

I feel really calm and happy with what I have got and I’m not wanting or needing any more children.

Alternatively, some participants perceived materialistic attitudes influenced what resources were believed necessary to cope with a child and the resources available were dictated by participants’ circumstances. It could be argued, therefore, rather that
downward revisions of family size preferences were the result of structural constraint rather than choice.

Thinking of the children also had implications for other decisions. Maria would not have remarried and had two more children if her existing children had not accepted her new partner. She said:

When I met [partner] and fell in love with [partner] still the boys were the focus. And I knew if [partner] wasn’t right for them to be in their life I would have to step back and say okay they came first.

Particularly work, had to fit in with their commitments to their children. Anita explained:

I’ve certainly changed my whole career to fit around my children… I work casually because I don’t want to put my children into childcare. I only work when my husband is available to look after them. But the children come first. That’s understood at my work. It took a long time for them to come to terms with that. Absolutely, my work and my study is geared around my children.

In general participants accepted that becoming a mother had a range of consequences, although as I will discuss in the next section, not all participants regarded all the repercussions as chosen.

8.5 All the choices

This section considers the preferences participants had in regard to how they were able to arrange their lives including division of household labour, workforce participation and other life interests.

8.5.1 Work inside the home

Twenty participants carried out the majority of caring duties and housework (or had done so when they were in a relationship). Most participants said they preferred being the primary caregiver. Dawn for example said:

I feel very jealous when he is at home with the children… I sit at work thinking “What are they doing? Where are they? Are they having fun?” So yeah, I enjoy looking after the kids doing that sort of stuff.

And Claudia said:
I really, really enjoyed being the one at home with [child] when she was little and even now.

Nevertheless, participants expected their partners to be involved to some extent with child care and housework and usually depicted their partners as mostly willing ‘helpers’. Irene had the most ‘traditional’ attitudes to marriage and family but still said of housework and childcare:

I don’t think I want to do it all, but I acknowledge that I should do a lot of it.

However, partners were more likely to be involved in childcare than housework. Seven participants indicated their partners were reluctant to do housework and Focus Group Three described partners as “babysitting” because they did not undertake all the work that needed to be done around the home. Moreover, participants never described doing the majority of housework as their preference. Nevertheless, most participants were satisfied with how home based tasks were divided. Four participants claimed domestic work was fairly evenly shared, June hired a cleaner and had her mother live-in to assist, but only Wanda (full-time employed) said her partner (part-time employed) did most. Those who did more of the domestic work mostly thought it was fair because they had reduced their working hours and their partners had not. Vera, for example, said:

I do most of the domestic chores and caring for [child]. He works full-time, earns most of the money, so that is fair enough. I’m happy with that.

On the other hand, six participants were unhappy about division-of-labour in the home. Trish for example complained that domestic chores that were “once shared… all the mundane stuff” were now her responsibility and “I didn’t choose that, it just happened”.

The participants’ narratives often suggested how they and their partner had divided labour was best for their families under the given circumstances. Zola, for example, said:

Well you’ve got to work out what works for you too… these days you can that’s the amazing thing about the times we live in I think. You have so much choice, which is a bit overwhelming… you can’t just do
what everyone else is doing you’ve got to, for your own sanity and…
for the good of your family you’ve got to think through it and think
what works for you.
However, this appeared to be mostly post-hoc justification without an overt
discussion taking place. The most dissatisfied participants, Chris, Elaine, Trish and
Renee, said they had not discussed with their partners prior to having children their
expectations in regards to division of domestic tasks. They regretted this omission.
Renee said:
   In hindsight if I had had all the wonderful knowledge that we have
now. I probably would have forced a discussion on more of what our
expectations were of one another. You know what we see our roles
being.
Chris and Renee had spoken to their partners since having children and although
things had improved they still suggested they were not entirely satisfied. Trish, on
the hand, appeared not to have pursued the issue and instead spoke of her resentment:
   I wish I had talked about what my husband was prepared to give up to
have children. I wish I had found that out before I became pregnant. It
was only later that I realised that he had no intention of really
changing his life. It is unfair that women are the ones expected to do
all that. It is that I feel resentful about; we are the ones that have to put
our lives, careers on hold.
Furthermore, all participants perceived there was an expectation that women (unlike
men) have the responsibility for caring for their children regardless of their paid
work commitments. A participant in Focus Group One summed up this perception
when she said:
   Like we have all the choice but we also have all of the responsibilities.
   Well that’s what I feel as well. Like if we do choose to have children
   and go to work, I still feel that it largely falls back on the mother to
   arrange the childcare and make sure the child’s being adequately
   looked after.
The expectation was perceived as their own and that of the society. Therefore the
responsibility for childrearing was part of the package ‘chosen’ when becoming a
mother. As caring properly involves other housework, participants mostly accepted unquestioned responsibility for the majority of all domestic work.

Some participants’ preference for the primary caregiver role appeared to be associated with making their lives easier. Dawn, for example, told me:

> I had to go home last night and cook dinner and he has been at home all day, like. And I had to ring him at lunchtime today and say “did you get the washing on the line”. “No”.

And Claudia, Zola and Wanda felt they could not rely on their partners. Wanda said:

> …there are some things at home that, that I do for the children that he probably could do but I sort of think oh well, in a way, I’d rather do them and make sure they’re done rather than just trust him to do them.

It was also apparent that gender often dictated division-of-labour rather than considerations of fairness or choice. Hilary, for example, said:

> Housework and stuff, yeah I do the bulk share of that too, and that wouldn’t matter whether I was working or not that was still be the case. He’s in charge of parks and gardens pretty much. I guess it is very traditional roles.

On the other hand, Kay argued gender affected the chores that were chosen:

> When I first got married I had this real attitude that I didn’t want those traditional jobs to be the way that our life was. I really had a strong belief. As we have grown older and we have been together more I just think women are better at certain things and men are better at certain things and it has really changed that. I wouldn’t like to have to go out and do heavy work and all that kind of thing. He loves it. I don’t mind washing and hanging it out – I mean I don’t love it but you know it doesn't worry me. And it bugs me the way, this is terrible, but if he did it and it wasn’t the way I thought, I would just have to be not looking at it and I would be churning up inside. So I would just prefer to do that myself.

Participants frequently perceived their domestic workload was fairer compared to that of women in the past. Notably Lara, Gemma, Beryl, Dawn and Zola spoke
negatively about their fathers’, or their partners’ fathers, lack of involvement in caring for their children or about their mothers being “subservient”.

8.5.2 Work outside the home

After having children, most participants had preferred to work part-time or withdraw from the workforce completely. Part-time work was the most preferred option whether or not the participant worked part-time. Kay, who worked casually, said:

I feel that when I work a full week I don’t like to be away from [third child] all that time… I’d love to do two days a week because it is the best of both worlds. You love work and you love home.

Most of the full-time mothers and part-time workers (employed or self-employed) said they had chosen to reduce their workforce participation because of the responsibility they felt for their children. While, Gemma was adamant that her part-time working arrangement was “All choice - choice offered and choice taken” she also said:

Oh sometimes I get pissed off because you know you can see that you haven’t risen as far in your career as they have but I wouldn’t have wanted to have given up having kids and being there for them.

Participants commonly believed a demanding career or full-time employment and childrearing were incompatible and so it was necessary to choose between them. Penny, for example, said:

I couldn’t do the type of work I was doing and be a mother, worrying about whether I had enough nappies or whatever, it was too demanding.

Hilary and Gemma were demonstratively of the same opinion. Hilary took a demotion and Gemma changed to a less demanding career with lower earning potential in order to take on mothering roles. All the focus groups agreed that women had difficult choices to make around having and caring for children, and workforce participation (see Appendix L, Excerpt 5). Anita said:

I suppose having children I do have to make choices based on them. I can’t go off whenever I feel like it and I don’t know travel and work and do what I want for work.

Una and Irene, on the other hand, spoke of their strong dislike for their work and their eagerness to give it up (see Chapter 9, p.247). For them motherhood had
validated their preference not to be in paid employment. The participants who did not prefer part-time work favoured their current workforce status. They were full-time mothers, Penny, Maria, Irene and Amy and full-time self-employed, June and Una. Self-employment was regarded as preferable by Renee, Zola and Una because it afforded flexibility to combine work and childrearing responsibilities.

The level of workforce participation of about half the participants had not been their choice. Nine participants (including all those who were full-time employed) worked, or had done so in the past, more than they would have liked. Wanda explained her situation:

I had to go back to work and my work wanted me to come back full-time, they didn’t want me part-time. And he wasn't particularly happy where he was working anyway. Yeah we agreed we couldn't both work full-time because it was too hard to juggle everything that way. And we decided my work paid better than his it made sense for me to work full-time… I probably would have liked for us both to have worked say four days each or something.

The remainder felt compelled to undertake a greater level of participation than desired because their partner’s earning capacity was insufficient to cover their financial commitments or they had separated from their partner. The participants who perceived withdrawing from the workforce or their reduced participation as a choice had a partner earning sufficient to enable them to do so. On the other hand, full-time mothers Trish and Olga would have liked to have worked but did not because it would have meant placing their children in childcare. Full-time mother Trish for example said:

I sometimes wish the split was more even, that he worked part-time and so did I. And we shared responsibility for everything. That is what I would see as ideal… When you have kids you it is a real commitment, as a mother you invest an awful lot into them, physically, emotionally, financially, all that. So you want to do it right. Somehow I couldn’t have then gone off to work and left them in childcare. I could have left them with my husband if he had been willing to work part-time, maybe even grandparents if they had been
close by – but they’re not so that wasn’t an option. For me, to work, it would have meant formal childcare.

Trish also remonstrated:

There is no expectation for a man to [compromise his career]. When they do, on those rare occasions they are praised to the hilt, for women it is just expected. Of course she will stay at home or just work part-time, it goes unnoticed. Men, in general, if they give up anything it is just quite minor things: not so many visits to the pub, perhaps not being able to go on that adventure holiday, things like that. For the mother it affects her career not only for that time she is out of the workforce but for the rest of her working life.

Many participants, therefore, were often forced to make difficult choices around work and family.

8.5.3 Other life interests

In the follow-up interviews most participants indicated that as the result of having children they were powerless to direct their own lives. Elaine said:

I think once you make the decision to have children you actually hand over a lot of control to basically the universe… you are losing a lot of control over your own life because you’ve got to take on that nurturing need for somebody else until they are old enough to handle it themselves.

Maria and Nancy most strongly expressed a lack of power. Nancy said:

I’m almost totally powerless… overall the older they’ve got, I think, the less power I had or I have.

Considering Nancy had suffered postnatal depression her statement was particularly strong and illustrated that motherhood can constrain choices well beyond the infant years. Similarly, Maria perceived she lacked choices in connection with her children returning to school (see also first of her quotes p.238). She said:

I don’t even know as I would say I have any power over my life at all.

Participants did not necessarily recognise they had put their preferences aside because they considered having children had been their choice. Dawn and Olga felt their choices were constrained but denied they were powerless because children were
part of their life-plans. Moreover, most participants perceived having children would change their lives. Before they had children these participants had anticipated the need to make compromises in relation to following their own interests and mostly continued to be happy to do so. Nonetheless, Zola said: “I didn’t really know how much [my life] would be altered” and June, had tried to keep her life much as it was by bringing her mother to live with her. In essence, therefore, most participants made a circular argument. They perceived choice constraints resulted from childrearing responsibilities but they had chosen to undertake those responsibilities.

Generally, the participants appeared to have given up much of their leisure time to care for their children. Half of the participants said they lacked time for themselves. Hilary, for example, perceived more of her time being consumed with each child:

There’s not a lot of time for yourself so obviously having more children there are going to be even more demands on that time.

Beryl, Chris and Gemma thought they were regaining the ability to pursue their own interests as their children got older. Chris said:

If [second child] just keeps sleeping a bit better then I’ll be able, yeah, to come up for air and then develop some more of these interests again for myself.

Maria and Dawn, however, objected to the community assumptions that once all their children were in school that they would have a lot of time for leisure (see also discussion of undervaluing of motherhood in Chapter 6, pp.153-154). Maria said:

I sort of felt a little resentful with so many people thinking all that means you’re sitting round having, doing nothing. You’re putting your feet up and reading a book or you’re just this lady-of-leisure during the school hours.

Maria and Dawn’s narratives suggested that unpaid care work and leisure are commonly conflated. Moreover, they resented not being perceived as working, suggesting that having leisure time while their children were at school was seen as illegitimate. Even so, Chris, Lara, Gemma and Zola blamed themselves for not pursuing their own interests because of lack of will or the choices they made. Lara said:
I put a lot of the limitations on myself anyway because at the end of the day, if I look around, there is enough other parents that manage to do it [play sport]. And I think to myself that if I really wanted to do it, I would find a way to do it and do it. Then I just think to myself I obviously don't want to do it enough.

Kay alone articulated a perception of adequate time for her own needs. She said:

I go to the gym most days and that is part of my routine and I might go and have coffee with friends and things like that... I think that makes me a better mum, 'cause that makes me able to give so much more back to them because I feel I have had something for me in the day.

That Kay felt it necessary to justify her leisure by claiming it improved her mothering performance reiterates that leisure purely benefiting women with children is often perceived as invalid.

It appeared mostly that participant’s partners were less prepared to make the same order of compromises. In all focus groups, the participants concurred that women’s lives changed more than their male partners (see Appendix L, Excerpt 14). In interviews, six participants expressed a similar view. Moreover, eight participants felt that they (or mothers in general) were more prepared to relinquish recreation than were fathers. Beryl said:

I wouldn’t have gone to any other sort of social activities without [child] but whereas [partner] would have I think.

And Renee said:

Like when [partner] suggested having children, I fully expected that his single ways would go out the door, for both of us. I figured that it would be a turning point in our lives, taking on a different direction rather than being our lives as they were. I figured that my life would change somewhat. And it had. I expected his life to change somewhat too but that wasn’t the case and understandably too. We get nine months to adjust. We change little by little each day. And then one day we pass it off to them and it is culture shock... they don’t get the transition quite so gently as what we do.
Wanda’s, Faye’s and Elaine’s partners had reduced their workforce participation to undertake a significant share of caring for their children. Even so, that did not necessarily mean partners also accepted responsibility (see Chapter 6, 146-147). Furthermore, Chris and Zola perceived that what their partners did with their children was akin to leisure and they did the ‘work’. Chris reflected:

In an ideal world men would work less outside the home and do more in the home. And not just nab all those quality hours with the children but have to do the drudgery as well.

It would seem, therefore, that the participants’ partners also had more choices when it came to the type of domestic duties they undertook. On the other hand, Gemma suggested her partner also lacked choice. She postulated “…maybe he gets pissed off having to leave them in the morning” and “I think [partner] would be off climbing Mount Everest if he didn’t have a family.” Nevertheless, partners were more able to choose how they lived their lives. Hence, the amount of time for and the quality of leisure available to participants appeared to be determined by their gender.

8.6 Discussion

In this chapter I have explored the data from the participants’ perspective of choice; focusing on the fourth agency criterion (the individual can freely make choices). All participants perceived they had chosen motherhood but that their choices were socially and biologically influenced. On the whole, participants’ narratives support the view that women who have children choose to do so (Wager, 2000; Costello & McKew, 2004) and run counter to the argument that women’s childbearing is structurally determined to service a patriarchal society (Allen, 1983; Rich, 1986).

The participants who perceived a lack of freedom of choice mainly did so in respect to not having a child. Most participants who had terminated a pregnancy considered this was not chosen. This finding appears to contrast with previous Australian studies in which difficult and complex decisions about abortions were led by the women (Allanson & Ashbury, 1995; Rowe et al., 2009; Kirkman et al., 2010; Kirkman et al., 2011). Rather they appeared to add weight to the assertion that terminations frequently resulted from undue pressure as the result of circumstances or coercion (Women's Forum Australia, 2006). However as this study was about motherhood,
participants may have tended to represent terminations as unchosen; whereas in a study about abortion it may be more likely to represent terminations as chosen. It is possible in this study that other participants had terminations that they did not mention that they considered to be chosen (no direct question was asked). Therefore, while these data provide evidence that some women lack reproductive freedom, I would argue, the interpretation that women who terminate pregnancies commonly lack choice cannot be drawn.

The picture of participants’ perception of choice was complicated because it appeared to be influenced by their satisfaction at the time of interview with their childbearing outcomes. The majority of participants clearly believed that childbearing was to some extent biologically driven which implied, at least some, lack of choice. This biological drive explanation does not present childbearing as freely chosen, but does suggest it is derived from the individual rather than being socially imposed. It was also clear that most participants had not totally controlled their fertility (refuting Summer’s (2003) assertion) but neither had they seen total control as desirable. Participants were in favour of women having reproductive control but most considered this should be limited. The desirability of limited control appeared to be associated with a perception that childbearing was and should be natural; the belief that modern technology should not impinge upon childbearing limited or affected the choices that could be made. Some participants considered they had reproductive freedom but that other women did not. They therefore demonstrated their awareness of their relatively privileged social status and the potential barriers to their own reproductive choices. Since rural areas are not as well serviced in terms of access to reproductive health services (including contraception) as capital cities (Quine et al., 2003), it is possible that participants had a heightened awareness of disadvantage because they lived in and around a regional centre. Generally, participants perceived that wealth, social support, education, universal access to reliable, safe, affordable contraception and ART facilitated women’s choices.

The participant’s fecundity was important to her ability to choose to have a child, when she wanted and to have the family size she wanted. Conception difficulties and/or miscarriage were experienced by about half of the participants. A few
participants had used ART which could enhance their belief that they had chosen their childbearing. Nevertheless ART (particularly IVF) was resorted to reluctantly mostly because it was perceived as unnatural and stressful. The extreme stress that women undergoing IVF experience has been previously noted (Peddie et al., 2005; Newman, 2008). The reluctance to use IVF suggests participants did not see its existence as meaning they could delay childbearing, contrary to populistic opinions (e.g. Macken, 2005; Laurance, 2008). The reluctance also suggests that ART did not place further social pressure on participants to reproduce as some feminists have argued (Neyer & Bernardi, 2011). Chris’s dilemma concerning what to do with her frozen embryos, supports observations that ART has brought with it new and increasingly complex choices (Beckman & Harvey, 2005; Russo & Denious, 2005). Chris’s quandary fitted with the assertions that contemporary life increasingly necessitates making choices (Giddens, 1991a) which create difficulties (Dworkin, 1982; Beck, 1999).

The participants were cognisant that their biology played a part in the choices they made and were able to make. The ideal age to start a family for most participants was around 30 (given the preferred age stated (always prior to 35 when fecundity begins to decline significantly (McDonald et al., 2011) and the wish to have started a family older or younger). All participants were aware that fecundity declined with age and many were mindful of the risks associated with older motherhood. The findings, therefore, do not support the assertion that women are frequently unaware of the risks involved in later motherhood (Haussegger, 2005; Nwandison & Bewley, 2006; Benzies, 2008; Maheshwari et al., 2008). However, participants demonstrated far less awareness of the risks associated with increased paternal age documented in the academic literature (Ford et al., 2000; de La Rochebrochard & Thonneau, 2003; Shah, 2010; Brahem et al., 2011) but largely ignored in popular media (Campbell, 2011). It would appear, therefore, that the greatest need is to increase awareness of the effect of paternal age on fecundity and child health outcomes rather than the approach, critical of women, that has dominated discourse. Furthermore, in this study fecundity problems (and the opposite) occurred across the age range. This finding suggests that it is simplistic to view being over 30 as limiting premenopausal women’s choice to have children and supports a limited discussion in the literature
which suggested that the risks of older childbearing have been overstated (Berryman & Windridge, 1991; Frank et al., 1994). Indeed, a tendency for women to conceive more easily than they have in the past, despite the median age of childbearing rising and an overall decline in semen quality, has been noted (Joffe, 2010). The real issue is women’s health status and level of fecundity whatever their age. That is not to deny, however, that education around the implications of planning children at various ages would enhance women’s ability to make informed choices.

Participants were most likely to perceive they lacked choice in regard to timing and number of children they had. These choices were limited by biological constraints in relation to fecundity (particularly in regard to timing) and participants’ consideration of partners’ choices and their children’s needs. Some participants perceived that being older when starting a family (usually over 30) meant shortening the interval between children and/or having fewer children than they otherwise might. A quantitative study similarly found intervals between childbearing decreased as maternal age at first birth increased (Nabukera et al., 2009). Yet, smaller intervals between children were usually looked on more favourably than larger gaps. There is a dearth of literature reporting on women’s attitudes towards the timing between children.

Mostly, childbearing decisions were mutually and easily reached within couples (and this was perceived as ideal by all participants). Given that participants preferred to have a stable relationship prior to having children (see Chapter 5, 96-97) I surmise that participants and partners shared attitudes and values which facilitated agreement. Nevertheless, around one third of participants said their choices took precedence over their partners’ because of their greater role in childbearing. Additionally, the level of agreement was dynamic over time. In most relationships one member of the couple at some time had been more eager to have a child than had the other. The data is then in agreement with previous findings that couples mainly concur on childbearing preferences (Thomson, 1997) and that both members of a couple adjust their intentions in response to their partner’s preferences (Voas, 2003; Iacovou & Tavares, 2011). Maher et al.’s (2004) conclusion that each couple differed in how they interacted when making decisions was also supported. Most studies reporting on
the interaction of couples childbearing intentions and desires have been quantitative (Maher et al., 2004 was an exception). Quantitative studies have reached differing conclusions about whose preferences are favoured when heterosexual couples make childbearing decisions. Some studies find that the female partner’s childbearing preferences are favoured (Beckman, 1984; Testa, 2010). Other studies find that couples’ intentions tend to swing towards those of whoever wants fewer children, later (Miller & Pasta, 1996; Thomson, 1997; Thomson & Hoem, 1998; Iacovou & Tavares, 2011). However, Miller and Pasta find that men are more responsive to their female partner’s childbearing desires than vice versa (Miller & Pasta, 1995) and responsiveness varies depending on the number of children they have previously had (Miller & Pasta, 1996). The findings from this study suggest that generalising about how couples negotiated childbearing choices was untenable and glossed over differing individual experiences.

Consideration of children’s needs and coping frequently led to preferences changing. Most participants could be said to have chosen two to four children based on the perceived ability to cope. Alternatively, revising family size preferences downward was sometimes perceived as the result of financial constraints combined with materialism. Downward revisions of this nature accord with rational choice theory which hypothesises parents choose to invest their resources into few ‘quality’ children (Easterlin, 1975; Becker, 1991; Kaplan, 1996). Other decisions in life, most notably work, were also affected by consideration of the children’s needs. That motherhood had repercussions for participants’ other life-choices was in line with Giddens’ (1991a) notion that ‘lifestyle choices’ come with a predetermined set of behaviours. According to this thinking, by choosing motherhood participants had also chosen to prioritise the needs of their children over their own and to side-line their careers and other pursuits. Nevertheless, as Giddens (1991a) says, the behaviour sets for particular lifestyles are the result of group pressures suggesting it would be overstretching to interpret the consequences of motherhood as chosen. Women are obliged to act responsibly towards their children (McMahon, 1995) and women putting the needs of their children first is commonly seen as necessary for responsible motherhood (see for example Leach, 1994; Biddulph, 2006).
Choice in regard to division-of-labour and ability to direct other aspects of their lives appeared to be even more questionable. Most participants reported they had chosen the primary caregiver role but many expressed ambivalence about their level of responsibility. Nevertheless, similar to previous Australian research (Lupton, 2000), partners were expected to share some of the load. In accord with previous quantitative Australian research (Craig, 2002; 2006) partners helped more with caring for children than with housework. Yet, participants never described doing the majority of housework as their preference. Previous studies have similarly demonstrated women usually do more domestic work than male partners regardless of their relative workforce participation (Hochschild & Machung, 1989; Baxter et al., 2005; Craig, 2007a). Pocock (2003) associated such unequal arrangements with relationship breakdowns and for Lara and Elaine this association was apparent. However, as was the case in this study, there is a tendency for many women to perceive unequal arrangements as fair (Baxter, 2000).

It has been suggested the notion of fairness and equality is an illusion created by couples, despite their best intentions, by ignoring inequalities and through their discourse (Bittman & Lovejoy, 1993; Knudson-Martin & Mahoney, 1998; Dixon & Wetherell, 2004). There were hints within the narratives that supported this view. For example, some participants’ preference for the primary caregiver role appeared to be associated with making their life easier. In addition, participants often suggested that their arrangements suited their families best. Additionally, as Thompson (1991) postulated, participants tended to compare their workload with other women which may help to account for their perception of fairness. Alternatively, it is also possible participants’ share was fair. Chester (2013) found that the gender gap in total workload (paid and unpaid) has closed, although women still do most domestic work. Additionally Thompson (1991) concludes the perceived value gained in domestic arrangements may compensate for inequity. In keeping with Thompson’s conclusion, data from this study suggested that the perception of fairness was related to the participants’ perception that their tasks were chosen. However, it also seems probable that part of choosing the primary caregiver role was due to partners’ unwillingness to undertake housework and hence was the only option to achieve anything like fairness.
Most participants said their level of workforce participation was chosen. In accord with previous Australian research (Qu & Weston, 2005) part-time work was the most preferred option whether or not the participant worked part-time. Hence Evans and Kelly’s (2001) assertion that most women with children prefer to be at home (a few did) was not supported. Childrearing responsibilities plus the incompatibility of work and family appeared to underlie most participants’ preference for part-time work or fulltime motherhood. Moreover, there was also evidence that some participants were unable to choose their level of workforce participation because of childrearing responsibilities, financial concerns and incompatibility of work and childrearing. Therefore, while the participants’ preferences were broadly in accord with Hakim’s (2003b) preference theory, the findings challenged her assertion that women freely choose their level of workforce participation (Hakim, 2005). On the other hand, the argument that women’s workforce preferences were largely imposed by gendered role expectations and circumstances and therefore cannot be said to be freely chosen (Samson, 2002; McRae, 2003; Leahy & Doughney, 2006) was supported. The findings, therefore, supported Gerson’s (1985) interpretation that family and workforce preferences were shaped by society and that women responded to their circumstances.

Similar to previous research findings (Gimenez-Nadal et al., 2012), self-employment was regarded as preferable by Renee, Zola and Una because it afforded flexibility to combine work and their childrearing responsibilities. Maher (2009) perceived that women, rather than seeing work and care as in conflict, often wove together work and care in a non-linear and more holistic way. It may be that self-employment provided the best context for weaving together the activities. Self-employment, facilitating women to combine work with family responsibilities, has previously been noted (Baxter & Gray, 2008). Conversely, Carrigan and Duberley (2013) found self-employed women perceived multitasking as conflicting and stressful. Nevertheless, the favouring of full-time participation by self-employed participants, and only self-employed participants, reinforced Pocock’s (2003) argument that workplace policies fail to make work and family responsibilities compatible.
In keeping with previous Australian research involving women with children (Bittman & Wajcman, 2000; Craig, 2007b; Craig et al., 2008), participants experienced time-pressure which encroached on their leisure time. These findings, therefore, supported the premise that women suspended the pursuit of leisure in addition to their working careers when they have children (Bialeschki & Michener, 1994). Additionally, there was evidence to support the assertion that leisure for women with children was seen as illegitimate (Wearing, 1990; Cassidy, 2005). On the other hand, similar to Sevón’s (2012) findings, having children did not appear to restrict participants’ partners’ lives as much. Their partners’ greater ability to choose how they lived their lives affirms previous findings that the amount of time for and the quality of leisure available to parents was determined by gender (Hochschild & Machung, 1989; Wearing, 1990; Bittman & Wajcman, 2000; Craig, 2005).

The participants’ narratives of choice echoed Baker’s (2008) observation that women explained away positions of disadvantage by interpreting them as choice, which reinforced disadvantage. The participants’ perceptions of lack of power over their lives resonated with the association between women’s exploitation, or oppression, with motherhood (e.g. Millett, 1971; Mitchell, 1971; Firestone, 1979; Young, 1983; Rich, 1986). Nevertheless, as was found in previous studies (Hilfinger Messias & DeJoseph, 2007; Sevón, 2012), participants prior to becoming mothers had anticipated that they would have to put their own interests aside for the sake of their children. Moreover, the belief in the ability and right to choose may be a product of socialisation which confounds interpretation. Nevertheless, believing in choice is a prerequisite for agency that may counter expectations to conform.

8.7 Conclusion
In regard to the fourth criterion (the individual can freely make choices), amongst this group of relatively privileged women, evidence of reproductive freedom of choice was mixed. Motherhood, in particular, was viewed as fundamentally and rightly chosen. Timing and number of children were less likely to be viewed as chosen. For some participants, pregnancy terminations, timing of motherhood, having an unplanned child or not having more children were unchosen. Biology limited choices via age related and other fecundity issues. Having children late
limited the choice to spread out births and to have larger families. When reproductive problems were encountered, the perception that childbearing is, and should be, natural appeared to be a barrier to seeking infertility treatment. Partners’ preferences, perceptions of children's needs and social considerations also limited childbearing choices. Most participants, nevertheless, considered that choosing whether or not to have a child was ultimately up to them. Furthermore, opting for motherhood meant opting for a portfolio of lifestyle choices that included undertaking primary responsibility for childrearing and other home duties, (usually) withdrawing from or reducing workforce participation and neglecting personal interests. Therefore, motherhood limited other choices. In addition, for women to undertake the primary caregiver role was seen as natural and, as such, dictated by biology. On the other hand, some participants considered they had worked more than they would have chosen for financial reasons and some resented their partner’s relative freedom to work, pursue leisure and select his involvement in domestic work. Therefore, in regard to childbearing and division-of-labour, arguing either structural constraint or choice is too simplistic. Rather, participants perceived they had options but that these were, and should be, limited. Furthermore, perception of choice appeared to be associated with being content with outcomes.

Relevant to the sixth criterion (the individual is reflexive (i.e. is structurally- and self-aware, self-monitors and critically appraises their actions)), participants appeared to be generally aware of the biological limitations on childbearing and the risks associated with older motherhood. However, they demonstrated less awareness that their partner’s age similarly affected reproductive outcomes. Furthermore, it is possible that recourse to biological drive to explain childbearing motivations may (or may not) be indicative of lack of awareness of the social drivers that motivate childbearing. There was also awareness of the range of structural elements that afforded them choice and denied it to some other women.

The gendered division-of-labour and participants’ partners’ greater ability to direct their own lives is relevant to the seventh criterion (the individual is able to manipulate their circumstances and social context to enable their preferences to be achieved). These findings suggest participants were mostly powerless to rewrite the...
rules of the motherhood portfolio. They perceived this was, at least in part, due to biology.

In this chapter I have shown that a complex relationship existed between participants’ choices and circumstances. That the biological limitations of women’s bodies form part of the context of childbearing, has also been highlighted. It would appear that participants had limited freedom to act and to change the structural context which presented them with their options. In order to shed more light on the relationships between choice, embodied experience and structure I explore issues of identity in regard to childbearing and rearing in the next (the final) findings and discussion chapter.
Chapter 9: Identity – confined and conflicted

I thought childbirth was a sort of journey that you could send dispatches home from, but of course it is not - it is home. Everywhere else now is 'abroad.' (Enright, 2004, p.47)

9.1 Introduction
The previous findings and discussions chapters have looked at agency from the perspective of structural influences and the individual’s ability to direct their behaviour. This chapter continues to consider the individual by exploring identity, which intrinsically involves interplay between structure and the individual. Here then, I focus on the fifth agency criterion: The individual is able to self-define. Self-definition involves self-awareness and self-assessment. Therefore, this chapter is also relevant to the sixth criterion that the individual is reflexive. Further, self-definition requires manipulation of social context which defines identity. Therefore, this chapter is also relevant to the seventh criterion regarding the individual's ability to manipulate social context.

Identities are associated with a set of values which guide actions (Giddens, 1991a). In this case, it has been argued motherhood validates the identity of adult woman and this pressures women into having children (Rich, 1986; Woollett, 1991; Hird & Abshoff, 2000). Similarly, but reversing the causal arrow, women imitate their own mothers and therefore become mothers because they identify with being a woman (Dinnerstein, 1976; Gilligan, 1982; Chodorow, 1999). Similarly, the mother identity has been associated with nurturing, guiding women with children into the primary caregiver role (Peterson, 1983; Gerson, 1997). It has, therefore, been generally understood that to be a woman means to be a mother which, in turn, means to be the primary caregiver (Rich, 1986; Finzi, 1992; Ireland, 1993; Gillespie, 2000; Hird & Abshoff, 2000). This connection between woman, mother and primary caregiver has been understood to be biologically determined (Deutsch, 1945; Stoller, 1964;
Horney, 1974) or socially constructed (Wittig, 1981; Irigaray, 1985; Arendell, 1997) or a combination of the two (Mead, 1967; Rossi, 1984; McCredie, 2011).

As discussed in Chapter 2, the valid mother has been defined by her unselfish prioritising of her children’s needs. This requires that the mother identity is given precedence. This may be to the point where a sense of self is completely overridden (Dinnerstein, 1976; Parker, 1995b). McMahon (1995), on the other hand, argued motherhood provokes profound identity changes in women by developing their sense of gender identity. Furthermore she contended, due to these changes and feeling a special connection with their children, women identify with the nurturing role, accept primary responsibility for their children and the prioritising of children’s needs over their own. Others have found many women struggle with identity losses and gains associated with motherhood, contrary to the view that motherhood comes naturally to women (Parker, 1995b; Mauthner, 1999; Nicolson, 1999; Shelton & Johnson, 2006).

As Anne Enright eloquently observed (see quote at head of chapter), motherhood disorientates women’s sense of self. This may, at least in part, be because work has been found to be an important part of contemporary women’s identities (Bailey, 1999; 2000) and women most often sideline work during childrearing. On the other hand, Woodward (1997) suggested that an ‘independent mother’ identity prevails. Being an independent mother means working for financial self-sufficiency whilst still meeting the demands of the ideal mother identity, despite the conflict. Woodward argued that the independent mother identity has not only perpetuated the casting of women as the self-sacrificing primary caregivers but has increased the burden on them by expecting them to be wage earners as well.

In contrast to the automatic association of motherhood and womanhood the reflexive modernity perspective, outlined in Chapter 4, posited identity as self-defined through a self-aware and self-critical process. Linking the female identity with a propensity to undertake caregiving roles has been strongly criticised by some feminists for essentialism which has restricted women’s potential (Hughes, 2002). Instead, it is argued: that women are active participants in their own gender identity (Walby,
that women are able to resist imposed gender identity by eschewing heterosexuality and childbearing (Wittig, 1981); or even that gender no longer provides a blue-print – everyone must work out their own ways of being and negotiate their own roles within relationships (Beck & Beck-Gernsheim, 1995).

As was also seen in Chapter 4, according to the poststructuralist view, individuals have been understood to be a complex of identities rather than one coherent self. Potentially, therefore, a woman’s sense of self is a complex of identities rather than as simply according to their gender. In differing contexts and over time women may identify themselves differently. However, Chapter 4 also discussed the argument that the corporeal body is part of the context (in addition to the social context) in which gender identity is formed and experienced. As such, gender identity provides a constant that allows for a coherent sense of self. McNay (2000) contended participation in the construction of a coherent self is necessary for agency. Lack of coherence therefore implies lack of agency. The crux of the matter, therefore, may be the compatibility of an individual’s identity portfolio and their associated values. It has been suggested that manifestation of negative feelings signifies a discordant self provoked by a mismatch between actions and values that promotes reflection and self-knowledge necessary for reflexivity and self-definition (Bourdieu, 1977; Meyers, 1987; Parker, 1995a).

In this chapter I explore the participants’ potential for self-definition. I also look for evidence of the participants’ reflection on, and whether or not their actions were consistent with, deeply held values and preferences. I take radical changes of life-plans and negative feelings such as resentment and guilt as (possibly) indicative of behaviour that conflicted with self-identity. Similarly, positive feelings are taken as likely indicators of behaviour consistent with self-identity. This chapter has four sections. The first section looks at whether participants perceived it was necessary to be a mother to be an adult woman. The second section covers the influence of the mother identity on self-identity and the association between the participants’ mother identity and the primary caregiver role. The third section considers the relationship between the participants’ mother, worker and self-identities. Lastly, the participants’ anticipation of how motherhood would affect their identities is considered.
9.2 Being a woman

This section is about how the participants understood their identities as adult women in relation to motherhood.

In follow-up interviews, when asked “Would you have been a complete adult woman had you not had children?” none of the participants perceived motherhood as vital to their identity as either ‘woman’ or ‘adult’. Beryl, for example, said:

…but at 28 or something, before I had [child] I felt like a complete adult sort of thing and it wasn’t really an issue.

And in the first round of interviews Trish said:

I don’t think you have to have to be a mother to be a real woman.

In the follow-up interviews, 10 participants said personally they may have felt “incomplete” without children and 13 participants expressed the view that it depended on the individual whether or not they felt ‘incomplete’ without children. Claudia said:

I think it depends on your definition… how you see yourself as an adult woman. It is perfectly possible for someone else to feel like they are a complete adult woman and not have children. I think it is very much a personal perception.

On the other hand, there was alternative evidence that demonstrated participants (the same participants in some cases) had linked adult womanhood with motherhood. Five participants and two focus groups (see Appendix L, Excerpt 15) spoke about women being constantly defined or judged by their childbearing status. Wanda said:

Often women are still defined, you know, in relation to their children rather than in their own right. Like for instance a politician. I mean if it is a woman they make a big thing as to whether she is a mother. Whereas if it’s a man who’s running for a political office, you know, whether or not he’s got children often doesn't come into it.

And Yvonne said:

It’s like the whole image thing, you know. You may not necessarily want to be particularly thin or fit in to a particular size range of clothes but there’s that pressure out there that ‘that’s what women should look
like and that’s what women should be like and I think there’s that for childbearing as well.

Participants’ perception that childbearing was biologically driven (see Chapter 8, pp.201-203) and nurturing was a trait inherited by females (see Section 9.3.2, pp.242-245) also represented motherhood as an aspect of womanhood. Further, Amy implied that by having children she proved her femininity. She hypothesised if she needed a mastectomy:

…that would really take away part of my femininity. But now having had children it probably wouldn’t worry me as much as when I was younger because I suppose to a certain extent they have served their purpose.

Moreover, because Yvonne experienced difficulties having a child she said:

…there was a real sense of failure – you know this is what women do – why can’t I do it?

Similarly, Una said about wanting to have children:

It was just part of what you did as a woman – you become a mother.

Una possibly put into words what other participants meant by saying that they had always expected to have children (see Chapter pp.7, 165-167).

Associating motherhood with adult traits, however, seemed to be mostly done in hindsight. Zola, Kay, Gemma and Claudia reflected that the responsibility of motherhood had developed their maturity. Gemma said:

You really have to grow up… everything’s bigger than you. You’re not the centre of it anymore.

Furthermore, Gemma made it clear that she did not believe motherhood automatically meant adulthood:

…even those that have had children, I can’t answer for… you know people that are into substance abuse and all that sort of thing, you wouldn’t say they’ve grown up.

And Claudia felt it was the responsibility for another person, rather than being a mother per se, that encouraged maturity. This evidence in combination with what participants said about adult womanhood, suggested the participants did not become mothers in order to achieve adult status.
9.3 Being a mother

This section considers the participants’ identity in relation to motherhood.

9.3.1 Mother first and foremost

In keeping with the motherhood ideology, mother identity became dominant for most participants. Maria, for example, said “I think being a mother is integral to who I am” and Yvonne said “if you’re having a bad day you’re still a mum”. And Gemma was proud of the centrality of motherhood in her life. She said:

...being a mother gives me that ability to say, you know, to feel comfortable saying, you know, I can’t do that because I’m doing this with my kids or I’m only going to work until then because that’s my role in life. And societies really need to respect that role. You’ve really got to assert yourself, this is an important role. It’s not one we have to sneak around doing.

Moreover, Penny said:

I wouldn’t not have a third child because I want to get back into the workforce. If anything I’m concerned about going back and would have a third so I didn’t have to return.

I interpret Penny to mean that she would have more children in order to maintain the primacy of her ‘mother’ identity (this may also be applicable to Faye (six children and foster mother)). To illustrate further, nearly all participants spoke about prioritising their children’s needs over their own (see Chapter 6, p.148). Moreover, 15 participants explicitly accepted that motherhood had been detrimental to their well-being in some way. Maria and Penny had prioritized motherhood to such a degree that they had lost sense of themselves. Penny reflected that she had put her own interests and needs aside and this had threatened her identity. She related:

I sacrificed myself gave away bits of me and what I wanted. My mother was a martyr mother, she worked all the time keeping the house just so and for a while I was like that. It took my partner pointing this out to me before I realised I was doing the same. I came to realise that I would be a better mother if I hung onto something of myself. I had been giving away everything that made me, me. I felt that I should be going without but making sure they had everything – I never thought my partner should be going without. I stopped having
my hair done. I didn’t worry about what I was wearing, buying new clothes, or putting on make-up. I couldn’t keep giving away bits of me. It is only just recently I have realised that I needed to claim something back for myself.

It is notable, that to reclaim herself Penny needed to validate it by reasoning it would make her “a better mother”. Maria, on the other hand, indicated she was struggling to know who she was as her youngest child was about to start school. She said:

I haven’t been Maria for a very long time, don’t really know who Maria is… I don’t even know what music I like listening to anymore because it is always [partner’s] music, or its [first child’s] music or its [second child’s] music… I don’t know if I know how to make decisions for myself, regarding myself… I’m really not quite sure what I want; where I want to go.

Maria felt that she did not need time for herself. She also said:

I know a lot of people say they need ‘me-time’. I didn’t feel that I needed ‘me-time’ because they [my children] are a part of me.

Furthermore, Maria failed to care for her own needs to an extent that was likely to be detrimental to her health. She said:

By the time you just paid for all the different things the kids need there’s not a lot left over… I don't eat as much as I probably should because I want to give the kids all the food.

Later she told me:

I hardly go the doctor’s… well I never go for myself. I just think… I’ll be fine. I had a filling that dropped out [when I was pregnant] with [fourth child] and they put a temporary in. The temporary fell out three weeks after she was born. I still have the hole in the tooth. I just can't factor in the expense of going to the dentist and getting it fixed.

An additional eight participants also felt distanced from themselves and their individual interests after becoming a mother. June, for example, said:

I felt totally disconnected and I’m not talking about from society but from myself, who I was. The person I was before I had that perfect child.
And Chris said:

[Motherhood] can sort of stifle yourself. Can’t it? If you don’t have
the opportunity to do anything on your own, or any of your previous
interests or anything like that.

Lara expressed a number of regrets (see her quote p.97) and grieved her former
“lightness of being”:

The one thing that parenthood has taken away from me bit by bit is
my ability to laugh when things go wrong. It’s just that I’m so much
more serious about things now than I used to be… I find myself a very
dull person now because my life revolves around essentially getting
our family through the week-to-week, getting ahead, planning futures,
making all the decisions.

In addition, Penny and Trish felt that outside of the workforce they had struggled to
maintain their sense of self-worth, Elaine felt her relationship with her partner had
been sacrificed and Dawn felt more isolated and inward looking. Therefore,
motherhood created some conflict with most participants’ self-identity. Furthermore,
motherhood potentially evoked self-abnegation and therefore threatened participants’
sense of self. Indeed, in the case of Maria, her self-denial and loss of self-identity
were severe.

On the other hand, 18 participants (including some who also talked about losses)
talked about motherhood fostering positive identity development. The themes about
identity gains were personal development or improvement, sense of achievement,
fulfilment, purpose or meaning, love and connection and greater connection with
community. Zola said:

I’m a really different person… I think when you become a mum you
have to grow in so many ways that I think you become a nicer person
generally – ‘nicer’’s a silly word – a more compassionate and more
probably a more perceptive person perhaps, certainly a busier
person… where life before having kids was about having a good time
and working, earning money, having a good time, just generally being
happy. But it was pretty shallow, that’s how I look back and see it,
and there’s nothing wrong with it. But since having kids I think I work
harder now than I ever did at any other job I’ve ever done. And I’m happier than I ever was, in a deeper sort of a way.

Furthermore, Hilary said “the positives far outweigh any negative points at all.”

Trish, June, and Yvonne had not always seen themselves as mothers. Originally they had not wanted children. Such a radical change of preference may suggest that by having children they were not being true to themselves (as discussed in Chapter 4). Indeed, June and Trish indicated that having children may not have accorded with their sense of themselves and their deeply held preferences. As noted above, June struggled with her sense of identity after having children. In addition she had not spent time reflecting on her intention to have a child. She related:

I think I said “life’s short, I want to have a baby”. ‘Cause no we didn't discuss it. You don’t give people too much time to think about these things. Look intelligent people with high IQs can analyse that out of existence. So it was like “gonna have a baby, 42, quick, better hurry up”. Then the next week I went “guess what I’m pregnant.”

Trish thought she may not have had children had she known the implications (see her quote p.170). She also felt guilty about having children. She said:

I sometimes feel guilty that I even had two [children]. I feel a bit like that now, we use too much of the world’s resources, it can’t be sustained and it isn’t too far down the road when we all pay.

Conversely, motherhood appeared to be compatible with Yvonne’s deeply held preferences and values. Even when Yvonne experienced hardship through her pregnancy she saw it as positive because she was still pregnant (see her quote p.105). Furthermore, she said nothing that suggested motherhood had threatened her self-identity or that she had any regrets or guilt about becoming a mother.

Most participants, on the other hand, had long held life-plans to have children (see Chapter 7, pp.165-166). Half of the participants indicated their concept of themselves prior to having children was as future mothers. For these participants their mother identity was distinct from and came prior to the activity. It was not just having children that made them a mother but rather they had children because of who they
were. Chris made this very clear when she said “I used to think of myself as a ‘childless mother’ before I had children”. And Anita reflected:

I can’t imagine not having had children it’s too far beyond me… that’s just part of me… I’d be a very different person if I wasn’t a mother obviously.

Similarly, Irene said “I kind of think that is what I was supposed to do”. For most other participants their identity as mother appeared to have developed after having a child. When asked “Is a mother who you are or what you do?” Claudia explained “the doing creates the being for me”. And Beryl said:

It is not just what you do. I feel like it is what you are. I feel like once the baby is born that’s when that sort of kicks in, that sort of natural instinct of motherness I think, that sort of protectiveness.

Therefore, even when activity gave rise to identity being a mother became part of who they were. Nancy alone appeared to view her mother identity in terms of what she did. She said:

It’s just what I do because it doesn’t come naturally at all to me. I have had to work really hard to be a mother.

For most participants with long held life-plans any conflict between their mother identity and self-identity, indicated by expressions of loss and negativity, appeared to be minor. However there was evidence that the mother identity had caused major problems for Lara, Nancy and Elaine. Lara and Nancy both expressed some uneasiness about having children (see Nancy’s quote p.170 and Elaine’s first quote p.188) and Elaine and Nancy questioned their performance as mothers (see Section 9.3.2, p.243).

It is, however, notable that seven participants stressed that they were not only a mother. Wanda said:

I suppose you’re sort of a combination of all of your interests and what you do and your family relationships, I mean you’re a daughter and a wife and a mother and a worker and a consumer and a reader.

This group included participants who believed having children was necessary to their sense of self, demonstrating that ‘mother’ was not the only identity important to them. For example, a participant at Focus Group Two said:
I like the idea of being [name]. I loved the word ‘mum’, love being ‘mum’ but I also like being my own identity… I like that escape, but I only like that a little bit, so I choose to work part-time, not full-time.

Zola, however, insinuated the pervasiveness of the ‘mother’ identity was not necessarily voluntary:

It’s only a facet of who I am, well only it’s a large part of who I am but yeah, I feel there’s more to me than that. But at the moment that’s the predominant part of me because it has to be [my emphasis].

By claiming other identities these participants were actively defining themselves to some degree. However, as Zola clearly indicated, their self-definition was limited by motherhood. Even so, most participants embraced their identity as mothers as an expression of who they were.

9.3.2 Natural earth mother

There were many indications that participants generally associated nurturing with being female in terms of sex and gender identity. All three focus groups (see Appendix L, Excerpts 16 & 17) perceived it was desirable that mothers were the primary caregivers. The participants in Focus Group Three thought women were superior caregivers compared to men, perceiving this was “natural” but due, in part, to “cultural influence” (see Appendix L, Excerpt 16). Similarly in interviews, Wanda, Gemma and Claudia believed women were more inclined to be in nurturing roles because of a combination of inherited and socially learnt traits. Moreover, 11 participants mentioned maternal instinct or innate proclivities for women to seek out nurturing roles. Gemma understood women did more of the caring because they were more prepared to put themselves out:

…just from my talking with women, and my own experience of it. I think women are more prepared to put themselves behind others, the rest of their family, than men are. You know, I think in general men don’t like missing out on things that they, you know, and they, they don’t have as much of a family ethic as women do.

Zola similarly observed women had a greater sense of responsibility and commitment than men. She said:

I have a couple of friends that do work, full-on full-time jobs and have a number of children. They each have 4 and 5 kids and when they are
at home they feel that guilt thing that they have to give their time to
their kids but when there are working fathers, like full-time working
fathers they don’t feel that. They still go and play golf on Saturday, or
do whatever it is they do in their own time.

Interestingly, June who made the strongest statement about being biologically driven
to have a child did not suggest nurturing was instinctive for women. Rather she
expected her partner to take at least an equal role in caring for their child.
Additionally, the domestic duties that she and her partner took responsibility for did
not fall along ‘traditional’ gendered lines. She said:

[Partner] does all the shopping and the cooking. I do all the gardening
and the mowing and I drench the cattle. And I don’t know, he goes
fiddles around doing stuff with chicken breasts.

However, she also had her mother living with her to help with domestic and
childcare duties and employed a cleaner (female) to come to her home each week.

Nancy and Elaine struggled with their mothering role. They denied inheriting a
natural ability to mother but this did not mean they did not believe in maternal
instinct. Nancy said “I missed out on the mothering gene badly” (also see her quote
p.241). Likewise, Elaine said “I would certainly not call myself a natural earth
mother at all.” This distancing from the mother identity could be viewed in two
ways. Firstly, by rejecting mother as identity Nancy and Elaine may have been
rejecting society’s ideal and therefore exercising self-definition. As Elaine was a
non-custodial parent this may have been the case for her. However, Elaine clearly
stated she thought being a mother was “innate” and when I asked what she would
have done if she hadn’t been able to have children she replied:

I would have turned the maternal side to the animals rather than
children but then you see I actually know women in that situation who
just adore their animals and have a lot of animals but couldn’t cope
with children. So I think it depends just which way you turn that
nurturing.

I therefore do not interpret Elaine’s distancing as a declaration of re-defining
motherhood for herself. More likely, Nancy and Elaine did not see themselves as
measuring up to the ideal mother identity.
When participants perceived they had not fully complied with the prescribed unselfish mother identity it appeared to conflict with their self-identity. Eight participants felt guilty about not living-up to mothering ideals. For example Gemma said:

Sometimes I feel I don’t put aside enough, you know. So you know, it’s always a bit of a guilt trip.

And Kay said about returning to work “I felt really guilty about going back and leaving them with someone else.” Similarly, Focus Group One (see Appendix L, Excerpt 17) perceived that guilt was something mothers (but not fathers) felt when they were not putting their children first. These feelings of guilt probably indicated that the primary caregiver role fitted with their deeply held values and preferences.

For some participants being the primary caregiver appeared to have not fully aligned with their sense of self. Three participants expressed guilt and resentment that possibly indicated the mother identity conflicted with other values and preferences they held deeply. Penny felt guilty about not returning to work which probably signified that her identity as a worker had been important to her sense of self. Lara’s self-identity was clearly compromised by the expectations of motherhood. She said when she had children it:

…was overwhelming I probably thought a lot along the lines that a lot of [self-determination] was taken away. I resented giving [my interests] up but I don't resent it anymore. I just think, you know, they deserve the best possible start in life. I mean I have always thought that but when they are little and it is unrelenting, really unrelenting, there are times when you just think, oh bother. And there are times now I still think that. But I do enough things in my life that are for me. Lara’s ex-partner had refused to share the domestic workload. She also said:

…it grew into, just sheer resentment and that just started fuelling the bitterness then… in the ten years we were together he never cooked one meal, not even a barbeque, because “I don’t cook”… I just, you know, expected that there would be an equal sharing of the workload. And I guess I just expected that as a given in any relationship… if I wanted him to do something I had to ask him to do it. And sometimes
he would do it happily but most of the time he would do it with such a
grudge that it always made me feel bad.

Similarly to Lara, Trish also resented the unfair division-of-labour (see Trish’s
quotes p.215).

Partners’ identity issues were not specifically asked about. Nevertheless, Wanda and
Chris volunteered that nurturing children was viewed as clashing with masculinity.

Wanda said:

…men who choose to be at home with their children are sort of looked
at… as less than the masculine ideal by some people.

As such the masculine identity was likely to be just as involved in dictating the
participants’ primary caregiver role, and hence their self-definition deficit, as their
identities as women and mothers.

9.4 Being a worker

This section is about the participants’ perception of their identity as workers, mostly
in relation to motherhood.

Most participants did not identify strongly as a ‘worker’, nevertheless, the
participants who were in the workforce appeared to be comfortable with being a
worker. Full-time employment was not indicative of the participant’s identity being
closely bound to their occupation; all full-time employed participants preferred to
work less (see Chapter 8, p.218). Wanda, for example said “I quite enjoy my work
but I’d like to be doing something else.” However, she also did not identify with the
primary caregiver role:

I have discovered I am not very domestic so, if one of us has to be sort
of home cooking and cleaning it is probably better for it to be my
husband than me. I’d like to be home with a maid to do all the
domestic work.

Further, Wanda and fellow full-time worker Elaine made the point they were not
ambitious. As Wanda put it “work is rather a means to an end rather than something
in itself”. Hence, the worker identity did not appear to be central to the participants’
sense of self. However, it was also apparent that Wanda perceived feminine ambition
as socially unacceptable. She was of the opinion that “…women in leadership roles they’re sort of looked on suspiciously by some people.” On the other hand, it is notable that no participant said that wage earning, *per se*, was a threat to ‘feminine’ identity in contrast to the discussion about domestic work in relation to the masculine identity (see Section 9.3.2, p.245). Neither did they say that the female partner working was a threat to masculinity. The preference for working part-time by most participants (see Chapter 8, p.217) probably allowed preservation of their ‘worker’ identity whilst allowing their ‘mother’ identity to take precedence. The adjustment of participants’ worker identity to accommodate their mother identity was also apparent from Hilary’s and Gemma’s career modifications see Chapter 8, p.217). The participants whose worker identity appeared to be most strongly bound to their self-identity were full-time self-employed June and Una. June’s independent self-identity appeared to be bound to her business:

I never want to give up my power base. That is very important to me, that I am able to have my power, personal power. And I never, ever, want to let go of that. If that means only having one child, only doing – I will sacrifice all of that and the above, to maintain that, because I have seen through example over the 44 years of just what happens to women.

Nonetheless, part-time employment provided Gemma with an independent identity. She said:

It’s really important to be earning your own money and to have economic independence. I think it gives you equal power in a relationship. Even if you think you have equal power at other levels. When it comes to the basics, not that I have ever wanted it, the ability, should you ever want to leave that relationship there wouldn’t be that economic impediment stopping you.

On the other hand, most of the full-time mothers (with the exception of Olga and Trish (see Chapter 8, pp.218-219) felt workforce participation would compromise their position as mothers. Therefore, most participants’ worker identity was only retained when it was perceived to be possible to do so without compromising their mother identity. That mostly meant working in part-time positions without power and without complete economic independence.
The willingness of participants to participate in the workforce also depended on identifying as a worker. Feelings such as enjoyment and commitment to the workforce suggested the participants’ worker identity was compatible with their self-identity. Kay said:

It was all for financial reasons that I had to go back but once I got back I loved it. I did love that being at work and with people and making decisions and all of that. I really enjoyed all of that as well.

Similarly, although Beryl found returning to work hard (see her quote p.251), she said:

I was lucky that I was in a job that I enjoyed doing and the working conditions were good.

However, not all participants had established a commitment to workforce participation. Una, Olga and Irene had left the workforce easily when they became mothers since work had not become an important part of their identities. Lack of a worker identity was most marked with Irene who said she had been “killing time” and “waiting” to become a mother. Irene only finished her degree at her partner’s insistence:

I didn’t really like work… I had to finish my degree and then work for a bit and then I was allowed to have kids. [Partner] said that if I didn’t finish uni I’d regret it. And then he said once I had finished I had to out and go and work. Just basically to pay the uni fees back. So earn some money and pay off my debts and stuff.

And Una explained:

I had left school really as early as I could. I hated school. And I went to work in a supermarket, which was the most deadly dull existence ever and by the time my husband and I had been married a year I just really wanted to get out of it, do something else. Anyway so by the time my husband and I got married [having children] seemed the obvious thing to do. It was a legitimate way of getting out of [working].

Una later started her own business, which became integral to her identity, after her first two children. She felt very differently about work as she contemplated having a fourth child:
I wouldn’t want to give up my work, my business and be a full-time carer. That fills me with as much dread as returning to supermarket work.

Further insight into the importance of the type of work was gained from Claudia when she said:

…a lot of that comes from choosing the right job. Because last year I was working at [first place of employment] and I felt terribly incredibly stale. I wasn’t studying, I wasn’t doing anything that was challenging me. I felt some days that the cogs in my brain were barely turning.

Therefore, rather than identifying as a wage earner, the work that participants did needed to enrich their self-identity. The work had to be ‘right’ for them.

When the work was right for them, participants’ narratives related non-monetary gains from paid work that fed into their self-identity. Full-time mother Trish said:

[Work] was kind of important. It made me a confident person and made me know what I wanted as a mother for my children. But it was never the thing that defined me… It was only being at home that made me really realise what work meant to me, what I got from it. Just because I wasn’t ambitious, that’s not everything, you get a sense of self-worth, socialising, the whole contributing valuable member of society thing. You can lose that at home full-time. Even though being a mother is a very important job if you’re not careful you can lose sight of your true value and there have been times when that has happened especially when they were very small.

Part-time work helped Dawn see herself as an active citizen engaged with “the real world”. Work also provided respite from motherhood. Yvonne said:

…after the nightmare that had been… to give him [child] to someone else for two days was lovely.

And one participant also asked Focus Group One:

How many of us go to work to escape that stress of being a parent?

A second participant replied:
Yeah that’s it. Sometimes I, after a weekend or something you think “good, I can get back to the office for some peace and quiet.” Similarly, work gave Hilary: “some grown-up perspective”. Work as relief from motherhood was most pronounced with Nancy. She had “hated” the year she had at home with each of her children. Workforce participation had helped Nancy negotiate postnatal depression. She said:

Going back to a thinking position saved me. Without that I would have done them a disservice and would have put me in grave danger.

However, in the longer term, she felt “the demands of work caused stresses and strains on family life” because there was “too much of it”. Nancy’s experience reiterated how, for most participants, their mother identity dictated the terms of their worker identity. Nevertheless, these data demonstrate the importance of workforce participation for participants’ preservation of self-identity.

9.5 Anticipation of self-identity changes

This section further explores the participants’ level of self-definition by considering whether they had foreseen how motherhood would affect their identity.

In hindsight, all participants perceived their lives had undergone profound changes when they became mothers. Chris pointed out that the first child had the greatest effect, she said:

…your life changes substantially for your first child… it’s more work to have a second but you know you’ve got half the equipment and you’ve reduced your work hours and all that sort of stuff.

The control that participants perceived they had over these changes was discussed in Chapter 8 (pp.219-222). Nine participants perceived that, as their mother identity took precedence, parts of their lives (and hence their associated identities) were ‘on hold’. The anticipation that parts of their lives would be ‘on hold’ when they became mothers was also apparent from the participants’ prerequisites for having children (see Chapter 5, 93-101). The point at which participants expected to resume their previous identities and interests depended on what was put on hold. For example, Maria prioritised her identity of ‘mother’ over ‘partner’ while her children were young. She said:
People say you know, make sure you go out x-number of times with your husband so you have still got a relationship at the end of it… part of me thinks, oh gee, they are only little. I can do that when they are eight, nine, ten maybe.

Similarly, Kay said:

Like we would have loved to travel more overseas and yeah and just be more selfish I guess. But we’ll do that at the end, you know. Hopefully we’ll still be alive when they are in their twenties and we can still go and do that, we’d have just delayed it.

And Amy said:

You just hope there is life at the end of the tunnel when they finally all leave home.

Alternatively, Irene felt her life had been ‘on hold’ before she became a mother (see her quote p.247). Hence, Irene’s self-identity was strongly that of a mother. It could be argued that the participants had anticipated that their lives would change, at least to some extent. These changes, therefore, were probably compatible with life-plans and, as such, consistent with their deeply-held preferences and values.

On the other hand, there were indications that participants had not reflected on and fully understood how having children would affect their individual identity. Mostly participants assumed, from a young age, that they would have children but had little understanding of their motivations (see Chapter 7, pp.165-168). Evidence throughout this chapter has demonstrated that participants had not anticipated how motherhood would affect them. Rather it was with hindsight that participants came to a better understanding of themselves; their needs and their identity gains and losses. As discussed, June, Trish, Lara, Elaine and Nancy appeared to have particularly struggled with the implications of motherhood. Further, the strength of their ‘mother’ or ‘worker’ identities came as a surprise to some participants. It was after having children that some participants developed an appreciation of how much or how little their paid employment contributed to their identity. Full-time mother Trish, regretted giving up her career too easily:

I suppose before the first one I never really thought about it. I certainly did not give it enough consideration. You get this idea in
your head to have a child and all that goes out the window. It is only later on you realise all the implications… It was only being at home that made me really realise what work meant to me, what I got from it. Elaine had also anticipated being a full-time mother but failed to strongly indentify as a mother. She explained:

Although I am not a career person I’m probably more on the career than the [mother] earth side because that is what I have always done. I have always gone out and worked. So even though it is not aiming for something very high up – it’s strange to be at home.

Conversely, Zola and Penny expected to return to work but after having children decided to stay home with their children. Zola\textsuperscript{17} said:

…when I first had my daughter, who was my first child, I felt an enormous pressure to go back to work. Not only from myself, not really from my husband but it was definitely from me but from my mother-in-law… which really quite upset me actually because I needed to think about it and think why I felt that I should go back to work… I felt I had to do something I couldn’t just be a mum and then when I had my son I thought, no, I can just be a mum. I’d worked through it all my then… it grew on me that I think that it’s a really important job being a mum and I didn’t feel I could do it and do another job as well.

Beryl also expected to return to work but when the time came she found it a wrench. She said:

I liked being a full-time time mum, that I never thought I would be… Before I had [child] I was sure I would go back to work but then when it came closer to going back to work it was difficult.

It appeared that prior to having children, therefore, participants’ reflection on how having children would affect their identities was mostly absent. Therefore, there was a strong line of evidence that suggested participants prior to having children had not understood how motherhood would affect them. While most of the discussion in this section has been around the issue of whether or not to work, it is likely that the lack

\textsuperscript{17} Zola identified with full-time motherhood even though she did some part-time work for the family business from home.
of anticipation is more generally applicable. It is clear, for example, that despite June maintaining her self-employed status after the birth of her child she felt adrift from the person she once was (see her quote p.238). Issues in regard to work, however, were what participants mostly spoke about. Commentary on the level of participant’s anticipation of their lives changing when they had children was discussed in Chapter 8 (pp.219-220).

9.6 Discussion
In this chapter, relevant to the fifth criterion (the individual is able to self-define), I have looked at participants’ perceived capacity for self-definition, particularly in regard to their mother identity. Overall, no clear picture emerged of participants’ perceptions of their ability to shape their own identities. Much of the evidence, however, challenged Giddens’ (1991a) assertion that identity is now largely self-defined.

Contrary to some feminist theorising women (e.g. Rich, 1986; Woollett, 1991; Hird & Abshoff, 2000) it did not appear that participants became mothers in order to be considered adult women. Participants generally believed childlessness would not have compromised their identity as an adult woman. Nevertheless, the association between womanhood and motherhood was still perceived as strong. Mostly participants appeared to have become mothers because they identified as women, supporting the suggestion that women became mothers because they identified with the social definition of a woman (Dinnerstein, 1976; Gilligan, 1982; Chodorow, 1999). However, the participants mostly were relatively mature when they had their children. Possibly a cohort of younger women may have seen motherhood as a passport to adulthood.

Half of the participants identified with motherhood prior to having children and most came to view mother as their predominant identity. The development of a maternal identity prior to having children contrasts with Ruddick’s (1983) assertion that ‘maternal thinking’ develops through caring for children. Moreover, most participants appeared to have adopted the values associated with womanhood and motherhood because the mother identity appeared to be chiefly consistent with their
It is, of course, debatable whether identifying as a motherly type of woman was an act of self-definition in the first place. These findings contrast with other Australian research which found that women viewed their mother identity as temporal and activity based rather than an integral part of their identity (Maher, 2005a). In this study, ‘mother’ had clearly become most participants’ primary persistent identity. Only Nancy viewed her mothering as an activity like the women in Maher’s study. The reasons for the difference in findings may be that I asked questions designed specifically to raise the issue of identity. However, much of the data for this chapter comes from other questions. Therefore, the difference may also be attributable to my perspective and/or participants’ regional differences.

Strong evidence indicated that most participants were the primary caregivers of their children because of the way the genders are defined. Most participants understood being a mother meant being the primary caregiver. Hence, participants echoed Gilligan’s (1982) thesis that women are defined by their “ethic of care”. The gendering of roles was mostly perceived as being due to social learning reinforced by biological convenience. The participant who most clearly eschewed the dictates of gender was June, but some other participants had also managed some reversal of gender roles (see Chapter 6, p.149). The importance of gender identity to division-of-labour was reinforced by the perception that when men had a large involvement in caring for their children doubts were raised about their masculinity. However, in contrast with Australian research from the 1970s (Richards, 1985), women in waged work were not seen as compromising their femininity. This perception coincides with the assertions that men are defined by their workforce occupation (Lee & Owens, 2002) and that the rules of masculinity have been more strictly prescribed than those for femininity (Connell, 1987). Therefore, partners may have been reluctant to be more involved in caring because of incompatibility with male identity supporting previous commentary (Carrigan et al., 1985; McMahon, 1998; Lee & Owens, 2002). Rather than it just being the case that the primary caregiver role was more attractive to the participants than to their partners because caring for children validated their identity, but not that of their male partners’ (as argued by Martha McMahon (1995)). It is notable, however, that full-time workers Wanda and Elaine denied that they were ambitious. Ambition has been seen as a masculine trait incompatible with
motherhood (Guest, 2008) and unfeminine (Rudman, 1998; Fels, 2004), which may explain their denial. It may also help to explain the general preference for part-time work which tends to retard careers. Hypothetically, greater workforce participation may have potentially threatened participants’ mother identity by lessening their enjoyable contact with their children (their connectedness) and other identities by further eroding their ability to direct their own lives (see Section 8, pp.219-222). Alternatively, by accepting the identity of mother participants also understood themselves as nurturers which required them to be primary caregivers. Hence, in the given context, where partners did not do their fair share of housework (see Chapter 8, pp.213-216), not being the primary caregiver may have conflicted with participants’ sense of self to a greater extent.

As the mother identity was dominant and persistent in the majority of participants’ lives, the concomitant values of motherhood meant other identities and individual interests tended to be temporal and sidelined. Nevertheless, some participants were keen to point out they were not only mothers. I interpret this declaration of multifaceted identity as an act of self-definition. On the other hand, in some cases, the dominance of the mother identity was to the point of self-abnegation. Around a third felt guilty about not always putting their children’s needs first. Indeed, in the case of Maria, her self-denial and loss of self-identity were severe. Maria’s prioritising of her children’s needs to the degree that it was detrimental to her own well-being indicated a lack of self-regard or self-knowledge and hence an incapacity to self-define. Therefore, the proposition that motherhood has the potential to evoke self-abnegation and therefore threaten women’s sense of self (Dinnerstein, 1976; Parker, 1995b) was supported. Conversely the finding contrasted with McMahon’s (1995) conclusion that motherhood did not mean self-denial.

Similar to some previous research (McMahon, 1995; Vincent et al., 2004; Raith & Rogers-Clark, 2007), adopting the mother identity appeared to give rise to some internal conflict for most participants. However, this finding contrasts with Maher (2005a) who found motherhood did not provoke identity conflict for the women in her research. The narratives of losses and struggles with identity probably indicated participants were attempting to define themselves. June, Trish, Lara, Elaine and
Nancy in particular had difficulties with the mother identity signifying that they had not easily surrendered their individual identity to that of mother. Of these participants, Nancy and Elaine particularly struggled with the mother ideal. Parker (1995b) has argued that societal representations of motherhood as an overwhelmingly positive experience may lead women to feel inadequate as mothers when this is not their experience. Nancy and Elaine’s narratives would seem to support Parker’s view. It is likely that the expressions of lack of ease with their mothering role reflected negative feelings about motherhood. It therefore follows that the hegemonic definition of mother conflicted with Nancy’s and Elaine’s sense of self. Similarly, some participants felt they fell short of the mother ideal by not prioritising their children highly enough which also appeared to be problematical for their sense of self. This finding is similar to that of Raith and Rogers-Clark (2007) who found that motherhood ideology produced identity problems for women with children.

Most participants also spoke about identity gains from motherhood. These were: personal development or improvement, sense of achievement, fulfilment, purpose or meaning, love and connection and greater connection with community. The findings were, therefore, consistent with McMahon’s (1995) and Bailey’s (1999) findings, in that mature attributes were understood to develop as a result of motherhood, thereby transforming how the participants saw themselves. The combined data on losses and gains resonated with studies that concluded motherhood gives rise to contradictory and ambivalent feelings, confounding women’s identities (Parker, 1995b; Oberman & Josselson, 1996; Mauthner, 1999; Nicolson, 1999; Swedberg, 2003; Shelton & Johnson, 2006). That more participants talked about identity gains rather than losses, may be due to the sanctioning of only certain narratives of motherhood (see Swedberg, 2003). Negativity towards motherhood runs counter to the ideal mother identity (Parker, 1995a). In which case, participants may have suppressed ambivalence. Alternatively, the positivity may have reflected that for most participants their mother identity was ultimately in harmony with their sense of self. However, Parker (1995b) considered ambivalence was necessary for a woman with children to perceive themselves as individuals. While the absence of dissonance cannot necessarily be construed as absence of effort to self-define, participants may
have suppressed ambivalence due to a perception of what was socially acceptable. If this was the case, their silence may then have been symptomatic of an inability to self-define. Hence, those participants who expressed ambivalence may have had a greater capacity for self-definition than those who were only positive about motherhood.

The evidence around worker identity was very mixed in terms of self-definition. A woman being a worker was not raised as an issue for either gender, whereas being a mother brought into question the validity of also being a worker. In keeping with Lewis’s (1991) analysis, being a worker was mostly acceptable so long as it did not infringe on being the primary caregiver. All workforce participation was perceived to be incompatible with motherhood by full-time mothers, whereas most participants perceived part-time work, that was not too demanding, may be compatible with motherhood. It would seem then that the independent mother identity (one in which men/fathers were seen as optional extras) as described by Woodward (1997) did not feature heavily among participants. Instead, most participants appeared to have been striving for a ‘semi-independent’ mother identity.

There was evidence that an enriching occupation could be important to the participants’ broader sense of self-identity. It is notable that the two participants, Maria and Penny, whose self-identity appeared to have been most threatened by motherhood, were full-time mothers. It is arguable then that retaining connection with the workforce, even part-time, facilitated self-definition. Several previous studies have similarly noted that engagement with the workforce positively affected the identity of women with young children. The findings demonstrated; work was psychologically beneficial and the workplace acted as a refuge from the rigours of caring for children (supporting: Hochschild, 1997); work was important to the individual identity of participants (supporting: Bailey, 1999; Lupton, 2000; Lupton & Schmied, 2002; Roos et al., 2006) and; the identity of mother and identity of worker were not necessarily inconsistent (supporting: Bailey, 1999; McQuillan et al., 2008) but nevertheless may conflict (supporting: Lupton, 2000; Lupton & Schmied, 2002). Conversely, the findings refuted Simon (1995) who surmised that combining work and motherhood was likely to be destructive of women's identity. Nevertheless,
Nancy’s experience reiterated how, for most participants, their mother identity dictated the terms of their worker identity.

Similar to previous research in Australia (Lupton & Schmied, 2002) and the UK (Vincent et al., 2004), participants did not identify strongly as workers. However, it was also shown that participants often lacked self-knowledge in regard to the importance of work to their identity. The full-time self-employed participants’ self-identity appeared to be most strongly associated with their workforce participation and they most emphatically claimed their worker identity.

The experience of motherhood appears to have stimulated reflection and the development of self-knowledge. Prior to having children, it would seem that participants had not been aware of how motherhood would affect their identity, even though they had expected their lives to change. Reflection on and understanding of the influence of motherhood on self-identity appeared mainly to have occurred in hindsight. While participants mostly discussed the importance of their workforce participation to them in this regard, there was evidence that the lack of anticipation was more generally applicable. It was apparent that for some participants motherhood had created problematic discord in relation to their sense of self. Commentary on discord and the transition to motherhood in relation to self-identity has mostly covered unanticipated difficulties of motherhood, particularly in regard to postnatal depression (e.g. Parker, 1995b; Mauthner, 1999; Nicolson, 1999), rather than the anticipation of effects of changed life roles per se. However, these results are similar to previous research that touched on women’s anticipation of changing roles and identity. This earlier research found women anticipated their lives would be focused on childrearing, necessitating, in the main, reduced workforce participation and that their post-childbearing narratives around negotiating work and care reflected feelings of guilt (Lupton, 2000). However, this research did not comment on what the guilt meant in terms of the women’s anticipation and their self-identity.

As is apparent in this chapter, trying to understand capacity for self-definition of identity is difficult because a chicken-and-egg argument can always be mounted. The contradictions in this chapter arise because the evidence may be interpreted in more
than one way. If it is accepted that participants self identified as mothers (and that meant that they were knowingly and willingly subscribing to the primacy of motherhood, self-abnegation and the side lining of other identities) then self-definition appeared to be common among participants. Especially given that the mother identity posed only minor problems with most participants’ self-identity. In that case only June’s, Trish’s, Lara’s, Elaine’s and Nancy’s ability to self-define could be seen as suspect because the mother identity had not fitted well with their sense of self. On the other hand, if equating woman with mother and mother with primary caregiver is questioned, then participants in general had little scope for self-definition. As it is the social definition of mother that underlies much of the disadvantage experienced by women compared to men then, at least from a feminist perspective, participants’ capacity for self-definition appeared to be extremely limited. The participants’ lack of reflection and understanding, prior to having children, of how motherhood would affect their identities reinforces this point of view.

9.7 Conclusion
In relation to the fifth criterion (the individual is able to self-define) participants’ capacity for self-definition varied but overall appeared to be confined by their gender and motherhood. Generally, while participants did not consider it was necessary to be a mother to be an adult woman, they expected that as a woman they would have children and be the primary caregiver. For most motherhood was part of their life plan and was part of their sense of self. While most participants had some negative feelings about motherhood, the mother identity posed only minor problems with most participants’ self-identity. However, the mother identity had not fitted well with June’s, Trish’s, Lara’s, Elaine’s and Nancy’s sense of self. Therefore, the ability of these participants to self-define was particularly dubious. Furthermore, the persistence and dominance of the mother identity meant it could completely subsume self-identity (particularly true for Maria) and hence negated self-definition. Additionally, the participants’ apparent lack of reflection and understanding of how motherhood would affect their identities reinforces the conclusion that the capacity for self-definition was limited. Alternatively, some participants appeared to assert their own identities when they proclaimed they were not only mothers. Probably
connected with these declarations, participants’ worker identity tended to enhance self-identity. Yet, only full-time self-employed participants strongly identified with their worker role. Being a mother dictated the terms under which participants perceived they could be workers.

Pertinent to the sixth criterion (the individual is reflexive (i.e. is structurally- and self-aware, self-monitors and critically appraises their actions)) participants appeared to have mostly entered motherhood without reflecting on how motherhood would affect their self-identity. There was also evidence that some participants were unaware of the importance of work to their sense of self. On the other hand, because being a mother was frequently problematical to participants’ sense of self, albeit to varying degrees, reflexivity was encouraged. Therefore, it is arguable that dissonance between participants’ mother identity and self-identity enhanced self-knowledge which could lead to self-definition.

Important to the seventh criterion (the individual is able to manipulate their circumstances and social context to enable their preferences to be achieved) there was little evidence that participants had manipulated the social context of gender. A few participants, most clearly June, may have been able ignore at least some of the rules imposed by gender. Mostly, however, participants complied and identified with the gendered expectations and definitions of woman and mother. All participants had had children and most participants considered women were naturally better at caring for children than were men, which resulted in women being the primary caregivers. Moreover, most participants prioritised their mother identity and so overlooked their own needs to favour the needs of their children. As it is the social definition of the selfless mother that underlies much of the disadvantage experienced by women compared to men then, at least from a feminist perspective, the general inability to escape from gendered expectations is extremely important.

Like the previous findings and discussion chapters, the data in this chapter are full of complexity and contradictions. Nevertheless, because of the restrictions of gender identity and mother identity, overall the participants’ capacity for self-definition appeared to be limited. In the next chapter, the concluding chapter of the thesis, I
bring together the analysis presented in the five findings and discussion chapters and provide a framework for the participants’ perception of agency around their childbearing.
Chapter 10: So what?

Forty years of feminism has arguably revolutionised women’s lives. Yet the mute, mammalian tasks of motherhood remain majestically unaltered (Maushart, 2005, p. 95).

10.1 Introduction
In this final chapter, I reflect on the research conducted and summarise the findings. In Chapter 3 (pp. 59-62) I outlined the limitations of the research which included: the possibility of participants giving social acceptable answers; the possibility of self-deception; the likelihood that women with greatest amount of agency over their childbearing would volunteer; certain groups (e.g. lesbians, Aboriginal women) being unrepresented; taking part in the research encouraging reflexivity; the influence of only certain factors being explored; and that looking at agency from the perspective of different criteria results in some simplification of what is a complex issue. I have attempted to bear these limitations in mind in my conclusions.

In this chapter, I consider the implications that the findings have for social theory, fertility theory and women’s agency. From the findings I construct a conceptual framework for women’s (with children) agency around childbearing. The first section contains a summary of the findings, covering the implications for social theory relevant to agency. In the second section I outline the conceptual framework for women’s agency around their childbearing, the key objective of this research. In the third and fourth sections, I then consider the major implications of the framework for fertility theory and women’s agency in relation to childbearing. Before bringing this thesis to a conclusion I make some suggestions for research that would extend insights into childbearing agency.

10.2 Summary of findings
In this section I present a summary of the findings in relation to the agency criteria constructed in Chapter 4.
10.2.1 Criterion 1: The individual's preferences are not constrained by circumstances although circumstances may facilitate preferences

In Chapter 5 it was shown that circumstances sometimes constrained and sometimes facilitated childbearing outcomes. How circumstances influenced participants’ childbearing depended upon their attitudes and how they perceived circumstances and their implications. All participants identified conditions that they would have preferred to have met prior to having children. These prerequisites suggested an expectation of self-reliance and that leading a fulfilling life was part of many participants’ life-plans (in accord with the ‘quality of life’ priorities that are considered to predominate in contemporary societies (Inglehart, 1977)). To facilitate self-reliance participants aimed to provide a secure environment in which to bring up children. Therefore once motherhood was contemplated the traditional modern values of financial security and a stable relationship became most important. Moreover, since children were coped with and mostly looked on favourably when accidentally conceived prior to meeting prerequisites, participants’ childbearing was possibly constrained by believing these conditions were important.

When support was available and accessed it appeared to facilitate childbearing but private support networks were often considered to be inadequate, which tended to constrain family size. Furthermore, there was evidence of reluctance to seek public support which may have exacerbated the problem. Nevertheless, government support did not appear to directly influence participants’ childbearing. Childrearing and workforce participation were generally seen as conflicting. The government supports aimed at helping women with children to participate in the workforce did not appear to be particularly effective. For example, inflexibility of service, financial barriers and participants’ attitudes restricted access to childcare support. Participants often constructed their own solutions rather than relying on the assistance of others. However, it was seen in Chapter 6 that government policies that insisted single mothers engaged in paid work could not be resisted and hence only acted as a constraining or coercive force. These findings demonstrate that structural context had an important influence on participants’ childbearing. Therefore, the freedom of the individual to act that Beck (1999), Giddens (1991a) and Weber (1964) propose does not appear to be reflected in participants’ narratives.
10.2.2 Criterion 2: The individual is able to act independently regardless of social pressure but this does not necessarily mean acting contrary to social pressures

Chapter 6 established that participants had mostly complied with social expectations, particularly in regard to becoming mothers, getting married and undertaking the primary caregiver role. This finding alone does not suggest participants had been unable to resist social pressure had they so wanted. Participants mostly presented having children and being the primary caregiver (usually necessitating reduced workforce participation) as their preference and perceived diverse family forms were generally tolerated, suggesting that they may not have been coerced. Occasionally, some participants demonstrated obvious resistance to social pressure. For example, Claudia resisted marriage and Catholic participants ignored religious teachings on cohabitation and contraception. Further evidence of independence of action was provided in Chapter 7 which showed that participants did not necessarily reproduce their family-of-origin but used their family-of-origin as a source of information to guide their actions.

On the other hand, data in Chapter 6 suggested participants were often responding to social pressure. There was a perception that to resist having children would have been difficult. Many participants were on a pre-programmed path on which marriage and children were stipulated and interdependent stages. Participants’ narratives often suggested that marriage was more for other people than for themselves. In addition, for most participants having one child seemed to necessitate having at least one more. Religious teachings also prevented some participants from even considering terminating an unplanned pregnancy. There was also evidence that undertaking the primary caregiver role was largely the result of social pressure.

Division-of-labour mostly occurred along ‘traditional’ gendered lines. The participants and their partners seemed to have mostly assumed, without discussion, their roles as being in accord with the ‘natural order’. The participants also perceived they were under pressure to work, due to capitalistic/materialistic forces, the undervaluing of caring work and partially as a result of feminism. However, the strength of the pressure for women to be the primary caregiver, underlined by the
pressure for men not to be too involved in domestic work, appeared to result in most participants partially or fully withdrawing from the workforce. Furthermore, even when atypical roles were assumed the participants still perceived they felt greater responsibility for their children than did their partners.

There was some clear evidence of resisting social pressure but the overall ability of participants to act independently was doubtful. It was apparent that, in the context of childbearing, participants were guided by traditional values. Thus, the detraditionalization that Beck (1999) and Giddens (1991a) claimed did not appear to have taken place. Participants perceived that, despite greater tolerance of diverse family forms, social expectations in regard to how they acted still applied and that acting contrary to them was difficult.

10.2.3 Criterion 3: The individual's actions are intentional, with an intended outcome

Chapter 7 demonstrated that being a mother was a stable and enduring intention for nearly all participants. Three participants had not always intended to have children but changed their minds. On the other hand how intentional each child was varied. There was a continuum of intentionality; ranging from children being highly intentional to completely unintended. The most intended pregnancies involved the use of ART and the most unintended the failure of contraception. Most participants had at least one consciously planned child, but two-thirds of participants with more than one child had not consciously planned all their children, and more than a third of all participants had an unplanned pregnancy. This means that it was the exception rather than the rule for all reproductive events to have been the result of highly intentional acts. The intentionality of the timing of births also varied greatly. A minority of participants appeared to have had their children almost on demand, when they wanted them. Others had tried for several years to have a child.

The participants expressed a great deal of fluidity in their intentions about number and timing. Intentions changed according to what participants perceived they could cope with. Furthermore, unintended outcomes were mostly looked on either favourably (whether it was having an unplanned child or having fewer children than planned) or at least pragmatically accepted. Lara and Elaine, on the other hand,
found it hard to accept what eventuated. Lara had an unplanned child and Elaine had not had all the children intended.

The participants were uncertain about their motivations for having children; it mostly appeared to be about creating emotional bonds. Participants had anticipated that motherhood would be a fulfilling and rewarding experience. The experience that transpired, however, could not have been what participants intended as motherhood generally came as a shock.

Childbearing intentions were, therefore, unstable and reproductive acts were often non-volitional. It can be seen that participants had not acted purposively at all times. Participants were apt to be vague, change their minds and adapt as life unfolded. These findings support Fishbein and Jaccard’s (1973) suppositions that the theory of planned behaviour was inappropriate for predicting childbearing behaviour because childbearing intentions were neither stable nor fully volitional. Counter to Meyers’ (1989) theorising on autonomy, participants did not stick resolutely to a life plan. However, this mostly seemed to be non-problematical but occasionally gave rise to negative feelings inconsistent with agency. Moreover, these findings suggest that participants lacked at least some agency in regard to childbearing (according to theorists who argued agentic behaviour was intentional (e.g. Parsons, 1953; Weber, 1964; Meyers, 1989; Miller, 1994)). Perhaps most pertinent was that motherhood did not bring the experience participants expected and yet the most durable intention was to become a mother.

10.2.4 Criterion 4: The individual can freely make choices

In Chapter 8 it was seen that perception of reproductive choice was complex. Participants perceived that fundamentally motherhood was and should be chosen. The belief in the right to reproductive choice was apparent from discussion of their partners’ role in childbearing decisions (and from objections to Peter Costello’s pronatalist message in Chapter 7). Modern contraceptives, pregnancy terminations and ART were seen as facilitating choice but their existence was not interpreted as equating to choice. Affordability of, failure of and dissatisfaction with reproductive interventions were seen as undermining their effectiveness in providing women with choices.
Wanting to be a mother was perceived by most participants as being at least partially innate but biological drive was not interpreted as negating choice. However, participants’ family size and timing choices were limited by biological factors, such as degree and window of fecundity. Furthermore, participants considered that childbearing entailed social responsibilities and, as such, could not and should not be simply a matter of individual choice. Participants perceived they had responsibilities to their partners, their children and, as was seen in Chapter 6, humanity in general (for perpetuating the species whilst being mindful of the environment). Also, probably due to the perception of responsibility, participants’ childbearing was often dependent upon achieving the right circumstances (apparent in Chapter 5).

It was apparent from data in Chapters 7 and 8 that reproductive choice was lacking at times. For some participants, pregnancy terminations, timing of motherhood or family size were unchosen. The perception of choice may have depended upon the participant’s level of satisfaction with their outcomes at the time of the interview. Contented participants tended to relate narratives of choice but discontented participants interpreted outcomes as unchosen.

Once participants had children they perceived their lives had few options. Most perceived they chose and preferred being the primary caregiver but they saw the nurturing role as being the ‘natural’ domain of the mother. Thus, gendered arrangements were mostly entered into automatically and frequently entailed partially or fully withdrawing from the workforce. On the other hand, some participants perceived that, for financial reasons, they had worked more than they would have done by choice. Being a mother meant putting the needs of the family before their own preferences and interests. Participants’ leisure activities were often set aside. Participants mostly claimed division-of-labour was fair but it was apparent that many participants lacked choice, compared to their partners, in regard to housework and leisure time. Some participants resented their partner’s greater freedom of choice in regard to: housework, caring for children and pursuing own interests.
Self-interested rational choice and the individualization premise that we have “no choice but to choose” (Giddens, 1991a, p.81) do not appear to be upheld by these findings. Hence, choice appears to be too simplistic a notion to describe the negotiations between biological factors, social influences and personal preferences. Choice, for participants, appears to have been a subjective and complex concept rather than simply equating to rationality.

10.2.5 Criterion 5: The individual is able to self-define

Chapter 9 found that participants had limited ability to self-define. Participants perceived that their childbearing and nurturing was socially influenced and part of the natural order. Participants’ identities were, therefore, largely defined by their gender and motherhood. Participants did not consider it was necessary to be a mother in order to be an adult but there was evidence that they associated womanhood with motherhood and this was involved in them becoming mothers.

Most participants had assumed they would be mothers. Motherhood had been part of their life-long plan, was not regretted and been part of how they had seen themselves. Three participants, on the other hand, had not wanted children when they were younger. They changed their minds, radically altering their life-plans. Of these three participants, June and Trish had negative feelings about being a mother. Trish and another participant, Lara, said that with the knowledge of hindsight they may not have had children (Chapter 5). This negativity may have indicated some incompatibility between their mother-identity and their self-identity. Additionally, Elaine and Nancy did not identify with the persona that they believed society expected which appeared to leave them feeling insecure in their role. For most participants their self-identities did not appear to clash with their identities as mothers as defined by ideology and social expectations. Yet, the mother identity threatened to subsume some participants’ other identities. A third of participants felt distanced from who they had been prior to children and the degree of abnegation had clearly been for Penny, and continued to be for Maria, detrimental to their well-being.

In hindsight most participants perceived that motherhood had developmental benefits and other psychological gains that positively influenced their self-identity. The
mother identity became most participants’ main and most consistent identity, consolidated by taking the greater share of nurturing responsibilities and prioritising the needs of their children. Spending time at work or pursuing their own interests could provoke feelings of guilt. This dissonance possibly suggested an inability to define themselves as mothers and more generally to self-define.

Most participants perceived women to be innately better at and more inclined towards the primary caregiver roles, compared to men. Furthermore, there was some evidence that the masculine identity precluded men from greater involvement in caring. Thus, division-of-labour within the family tended to be split along gendered lines. As there was evidence of resentment it would appear that this division had not entirely accorded with, at least some, participants’ sense of themselves.

Seven participants stressed they were not only mothers. Being a worker was also something many participants identified with. It was apparent that when workforce participation accorded with their sense of self the paid-work in which participants engaged had psychological benefits. Nonetheless, working full-time, for most, or part-time for some was problematical because it was perceived as infringing on participants’ mother identity. Hence, being a mother dictated the terms under which most participants could identify as a worker. Only self-employed participants relished their full-time workforce participation. It seems likely that full-time self-employed participants’ self-identity was tethered to their work to a greater extent than other participants, creating a different balance between their identities as workers and mothers.

The evident lack of ability to self-define overall underscores the findings in relation to choice – that individualization was not characteristic in the context of this thesis. If self-definition is assumed to be central to agency, as Giddens (1991a), Beck (1999), Meyers (1989) and poststructuralism (e.g. Davies, 1991; Foucault, 1994; Butler, 2006) theorized, then participants’ agency must be interpreted as severely limited in regard to childbearing and childrearing. Moreover, socially ascribed gender traits probably exacerbated any biological constraints on self-definition. Participants were often struggling to hold on to a sense of themselves and, at best, were only able to
determine small aspects of their identities. The continuity of the mother identity, along with participants crafting facets of identity where they could, best accords with Giddens’ (1991a) and McNay’s (2000) view of a flexible but core central identity. Neither the endlessly mutable poststructuralist self-identity nor the unitary self-identity of Meyer’s autonomous person appear to have applied to the participants.

10.2.6 Criterion 6: The individual is reflexive (i.e. is structurally- and self-aware, self-monitors and critically appraises their actions)

At times participants appear to have been reflexive but in some crucial respects they appear to have lacked reflexivity. Evidence presented in Chapters 6, 7, 8 and 9 showed that most participants had largely assumed from a very young age that they would be a mother; so that they had never really considered any other option. They had also found it difficult to articulate their reasoning for having children. Most participants had planned or gone on to have two children without appearing to critically appraise their actions.

A few participants had entertained the idea of remaining childfree and three participants had not wanted children when they were younger. However, two of these participants did not appear to have been particularly reflexive. Trish could not remember changing her mind and June thought her mind change had been the result of biological drive to reproduce and had not given herself time to reflect. The third participant, Yvonne, appeared to be most aware. She was prompted to reflect on what she may be missing out on by a health scare that threatened infertility. It was also apparent that other participants who had fecundity problems had also been provoked to think about their intentions to be a mother.

Intentional childbearing was considered in respect to the biological context of age, psychological context of maturity and social context of pursuing other interests. However, participants appeared to be less aware of the implications of their partner’s age. These considerations provided evidence of critical reflexivity and that participants planned to meet life goals. Participants appeared to have been reflexive about family size and timing of children. They could usually articulate the reasoning behind their family size goals and timing. There was evidence that participants had critiqued and learnt from experiences of peers and their family-of-origin and
reconsidered in the light of experience. Moreover, the adversity of motherhood appeared to encourage reflexivity and future childbearing intentions were critically reappraised. Family size (beyond two children) and timing came to be largely based on participants’ critical appraisal of their ability to ‘cope’.

In general reflexivity appeared to be lacking in regard to most participants undertaking the primary caregiver role. The division-of-labour appeared to have mostly occurred without reflection or negotiation according to gendered expectations. Attributing the division to innate proclivities may suggest lack of awareness of the structural forces that prescribe roles. This premise was given some credence by the participants’ overall dismissal of inequitable arrangements by claiming they were chosen, despite evidence of some resentment of them by at least some participants.

The finding that many participants were shocked by the experience of motherhood underlines their lack of critical reflexivity in terms of what it would entail, the effect on their identity and whether it was right for them. Further, Penny’s and Maria’s self-abnegation suggested lack of self-knowledge and self-regard. Penny had critically appraised her actions and had taken steps to rectify the situation but this did not appear to be the case for Maria. Lack of self-knowledge was also apparent when it came to some participants’ relationship with the workforce. Prior to having children, they had not been aware either of the importance of work to their identity or of how strongly they would feel attached to their child. It was possible, however, that participants’ self-knowledge was enhanced when they were encouraged to be reflexive because their mother identity did not necessarily sit easily with their sense of self. When this conflict happened it may have, therefore, promoted self-definition as a mother.

Data presented in Chapters 5 and 6 demonstrated that participants were structurally aware in some regards. They were aware that access to reliable, safe and affordable contraception and ART, wealth, social support, and education facilitated reproductive choice. They appeared to be very aware of the social pressures that were on them to comply with social expectations in regard to childbearing and
rearing. They also demonstrated they were aware that what they said or did not say had potential to influence others and were, in the main, suspicious of Costello’s overt pronatalist message linked to the Baby Bonus. They were particularly aware of pressures that pushed them towards workforce participation. This may have been because workforce participation potentially conflicted with motherhood.

Participants had been aware before having children that motherhood would place restrictions on their lives which meant many had wanted to: pursue travel, education and establish a career prior to having children. Furthermore, they had considered what would be the best circumstances for childrearing. However, in the main, participants do not appear to have critically appraised whether or not the prerequisites they had set for childbearing were, or had been, necessary. It was likely that prerequisites were largely unconsciously set by social mores. Moreover, when it came to participants judging their financial circumstances this appeared to have been mostly based on a general feeling rather than mathematical estimations. There was some evidence that critical appraisal of actions was more likely when participants were distressed about outcomes. For example, Lara appeared to be more critical of her actions than did other participants. She had become unhappy with the circumstances in which she had had her children and had been devastated when she fell pregnant with her third child. Therefore, contentment with criteria probably reflected most participants’ satisfaction with their situation. Furthermore, prerequisites appeared to be based on a presumption of self-reliance which may have discouraged participants from informing themselves of certain supports and hence discouraged structural awareness.

Participants’ reflexivity was, at best, patchy. The continuously self-monitoring, self-critical, self-aware and structurally aware agent that Giddens, Beck and Meyers envisaged does not appear to be a good description of the participants. Stimulation, such as conflict and adversity, appeared to often be necessary to provoke reflexivity. This finding reflects Bourdieu’s (1977) theory that reflexivity is stimulated when people feel conflicted better than it does the theory of reflexive modernization which perceived reflexivity as ever present (based on Giddens, 1991a, 1991b; Beck, 1999).
I also strongly suspect that much of the reflexivity that participants exhibited was stimulated by taking part in the research.

**10.2.7 Criterion 7: The individual is able to manipulate their circumstances and social context to enable their preferences to be achieved**

There was evidence that some participants were able to shape their conditions on some occasions but it could not be said to have been generally the case. Their incapacity, in the main, to transform context sits in contrast to the participants’ discourse of choice and self-reliance. In Chapter 5 it was evident from the prerequisites set by participants that they anticipated having at least some control over the circumstances in which they would bear children. It was apparent that many participants had actively taken measures (e.g. saving, investing and establishing a career) to ensure financial well-being before having a child. This had included most participants pursuing education to improve their employment prospects, which continued after having a child for several participants. In addition, some participants had moved to Orange because they perceived it was financially advantageous and provided a better environment for raising children.

On the other hand, evidence that participants had taken active measures to meet a suitable partner was rare despite a stable relationship being considered essential for having children (and childbearing part of their life plan) by most participants. Neither did participants appear to have been particularly proactive in terms of seeking support. It is possible that the discourse of choice and self-reliance meant that participants were reluctant to seek outside help (both publically and privately) to cope with their children. They had not given government financial support much consideration, frequently shunned childcare services, private support networks appeared to be treated as a *fait accompli* and perceived shortcomings in terms of support tended to be addressed by having fewer children. The discourse of choice and self-reliance may have encouraged some participants who had negative experiences of pregnancy, birth and related services to believe they were able to change the circumstances under which they had future children. Hence, negative experiences did not necessarily discourage further births as long as it was envisaged that future experiences could be different.
In Chapter 6 it was apparent that some participants perceived that their own actions and discourse sent messages to other women and so influenced how other women behaved. Importantly, however, participants mostly appeared to be powerless to transform the structural rules of motherhood. The data presented in Chapters 6, 7 and 9 demonstrated that social expectations and the belief that women were biologically better suited to a nurturing role than men led most participants to undertake the primary caregiver role and interpret that as their choice.

Similar to all the other agency criteria, participants’ ability to manipulate their circumstances was partial. Hence the evidence reflects a limited agency in relation to duality theories of Bourdieu (1977), Archer (1982) and Giddens (1991b) which present agency and structure as interdependent and so define agency as allowing transformation of structural context. However, the findings harmonise best with Bourdieu’s theory that represents an agent’s ability to transform their context as essentially limited and social context as slow to change.

10.2.8 Recombining

Recombining the criteria provides an overall view of agency. It can be seen from the above discussion that participants’ agency around their childbearing was limited in regard to each criterion. Within the data there was little evidence of rational choice, individualization, detraditionalization, self-definition, ubiquitous reflexivity and ability to transform context. These features of agency may have occurred to some extent but they certainly were not common characteristics of participants’ narratives. Therefore choice, self-definition and reflexivity did not appear to be the compulsory state reflexive modernization has suggested. Therefore, the kind of agency proposed by reflexive modernization (according to Giddens, 1991a, 1991b; Beck, 1999), Meyer’s (1989) autonomy and Weber’s (1964) individualism did not appear to be present. The findings agree with others (Lash, 1993; McNay, 1999; 2000; Adkins, 2003) who asserted that reflexive modernization exaggerates individuals’ independence from social structures, flexibility of identity and the amount of agency possible. On the other hand, these findings do not support the view that participants were devoid of agency and therefore are contrary to the structuralist perspective that actions are sociologically determined (e.g. Parsons, 1953; Durkheim, 1985b).
The findings were most consistent with Bourdieu’s (1977) theory in that participants’ behaviour was the outcome of an interaction between predispositions, circumstances and social rules (habitus and field). Participants were very much enmeshed within society the rules of which (filtered through their experiences) appeared to guide their actions and dispositions. Given the persistence of the association between marriage and children and the deeply entrenched nature of gender roles within the family, it appeared that participants tended to follow ‘traditional’ life-plans and had very little capacity to transform the context in which they had their children. Most participants appeared to have become mothers, had at least two children and taken on the primary caregiver role largely un-reflexively. They may have been able to act otherwise but they were inclined to comply with the conventions of motherhood. The shock that participants experienced when becoming mothers was probably a symptom of their lack of reflexivity. The difficulties that participants dealt with in relation to motherhood appeared to been a major stimulus for reflexivity. My favouring of Bourdieu’s theory comes as a surprise to me because at the beginning of this research I did not think of Bourdieu as describing agency. Having worked through my analysis I can now see the possibilities of agency within Bourdieu’s theory but still see that as a limited kind of agency. It seems that my findings coincide with an increased interest in the relevance of Bourdieu’s work in Australia and New Zealand (see the recent special issue of the Journal of Sociology, volume 49, issue 2-3).

Where I believe the findings diverge from Bourdieu is in regard to reflexivity, identity and recognition of the biological context. According to Bourdieu, cognitive reflexivity is rare, which it cannot be said to have been in this context. The reflexivity noted may have been a reflection of motherhood being a commonly contested terrain (as suggested by McMahon (1995)) particularly because women’s family roles do not sit well with employment (as suggested by McNay (1999; 2000) and Adkins (2003) and supported by this research). However, reflexivity did not only occur in the context of dissonance. For example, participants were reflexive about their own upbringings, critically using their experiences to guide their preferences. Additionally, participation in the research also stimulated reflexivity. Therefore the participants, like the women in Miller’s (2005) study, were demonstratively capable of reflexivity, especially when provoked. So while reflexivity was not a given, as
reflexive modernization has it, neither is it rare and it can be encouraged. This conclusion accords with others (Adkins, 2002; Sweetman, 2003; Threadgold & Nilan, 2009) who found that Bourdieu’s theory required modification to adequately take into account the degree of reflexivity that takes place in contemporary society.

These findings also demonstrate that identity was of central importance to the participants’ perception of agency. Some aspects of identity, such as class, were considered by Bourdieu but gender was not explicitly discussed (McNay, 2000). The findings underline McNay’s (1999; 2000) premise that gender identity is biologically and socially based and has implications for agency. It was apparent that participants’ experiences and agency were very much related to, and affected by, their corporeal bodies. However, while it was clear that participants had linked gendered traits with their female bodies, perceptions of agency in regard to childbearing went beyond this. The functioning of their bodies in relation to fecundity and birthing was also important to their perception of agency. These findings also reiterated the importance of self-definition to agency. Self-definition was not an aspect of Bourdieu’s theory. Instead for Bourdieu, identity was tightly bound to social structures (Sweetman, 2003). Participants’ ability to self-define was limited but it was not absent altogether; participants struggled to retain a sense of self. As Giddens (1991a) argued, self-definition and reflexivity are related. Hence, promoting reflexivity is likely to also mean greater self-definition.

10.3 Conceptual framework
This section outlines a conceptual framework of women’s agency in regard to planned childbearing that includes elements of Bourdieu’s (1977) theory of practice, recognises the importance of biological context and gender identity, and allows for the possibility of reflexivity and self-definition.

Figure 10.1 shows a diagrammatic representation of the framework. The diagram provides a summary of the predominant courses of action and interactions apparent in the research. The diagram is colour coded (see diagram legend). The combining of purple and green boxes (identity, ideals, completed family size and return to the workforce) indicates that a reflexive element may be involved in the outcome
although often underpinned by non-reflexive interactions. Indicating a possibility of reflexivity is not meant to suggest that it necessarily occurred but rather indicates interactions where agency could be glimpsed at times. Neither is the non-reflexive nature of interactions in the diagram meant to indicate it is ever thus; examples can be found in the findings of participants reflexively considering their actions. Instead the diagram is meant as a simplified overview that provides an illustration of where women’s agency in relation to childbearing was most limited and where some agency could be seen. It is envisaged that such a schema may aid increasing women’s agency in regard to childbearing.

The diagram warrants further description due to its complexity. Marriage, having a first child and second child, being the primary caregiver, workforce participation prior to children and time out of the workforce for the birth and care of children were most commonly embarked upon, unquestioningly, as a mapped out path. Identity, especially gender identity, appeared to underpin dispositions. Identity was biologically and socially influenced and affected by experience as mother and worker (possibly reinforcing dispositions). Social pressures and biological context also acted directly as push factors guiding actions. Indeed, at least two participants appeared socially and/or (in their view) biologically driven to have children rather than being predisposed via identity. Social pressures maintained the association between childbearing and marriage, influenced timing and family size ideals, workforce participation patterns and reinforced the expectation that women were primary caregivers.
Figure 10.1: Conceptual framework of women’s agency in regard to planned childbearing
The diagram shows that childhood experiences along with social circumstances (prerequisites), were considered to guide timing and family size desires. Government support policies influenced the financial and social resources available. The arrows from ‘timing desires’ to ‘first child’ and ‘second child’ represent some reflexivity in regard to timing through the consideration of social circumstances, ideals and childhood experiences (and were sometimes subject to reappraisal after having a child). Likewise, the arrows from ‘fecundity’ indicate the importance of biological context in regard to timing and bearing a child. In contrast to timing desires, similarly influenced family size desires were mostly significant once at least two children were born and were subject to reappraisal. Reappraisal took into account previous desires, social circumstances, fecundity issues and pre and postnatal experiences (which may include fecundity issues) and motherhood experiences. Family size desires appeared to mainly become important after having at least two children. However, completed family size was also directly influenced by social pressures and expectations.

The biological context of giving birth and breastfeeding, predisposition to nurturing and social pressures locked women into being primary caregivers. This necessitated taking time out of the workforce. The experience of motherhood was affected by: being the primary caregiver; government support of families; the social resources available and; when participants returned to the workforce, experiences as a worker and employment policies and conditions. After having children, experiences as a worker were influenced by being the primary caregiver, and workforce policies and conditions. It is apparent from the diagram that behaviour related to childbearing is a farrago of social and biological influences and reflexive and non-reflexive interactions.

The diagram describes interactions where reflexivity and hence agency were mainly observed to occur in relation to planned childbearing. It does not cover accidental pregnancies and unplanned children that may result. I could not see how these could be practically added; the diagram is already very complicated. Unplanned pregnancies and births were also reasonably common in the research and participants’ agency was even more questionable in these circumstances. It is
therefore important that unplanned outcomes are not forgotten in the implications of this research.

10.4 Implications for fertility decline theories
The findings also have implications for demographic theories that attempt to explain fertility decline. These theories were outlined in Chapter 2. It was noted the theories tend to simplify childbearing considerations and emphasise choice. Perspectives and experiences of the participants in this research suggest a more nuanced view of childbearing is needed.

Individualistic rational choice theories (e.g. Leibenstein, 1974; Caldwell, 1982; Becker, 1991) assume planned and reflexive behaviour. There was some support for the hypothesis but considering the cost and benefits of children and the propensity to invest in few quality children are only small facets of childbearing behaviour. Rational choice theories particularly fail to take into account the full range of factors affecting childbearing outcomes and that much childbearing behaviour was non-reflexive and probably more emotionally motivated than reasoned.

There was also some support for the post-materialist values theory (van da Kaa, 1987; 2001), in that participants had goals (e.g. education, career and travel) relevant to leading full and enriched lives prior to having children. However, this theory also assumes detraditionalization which was not supported. Indeed, once children were considered traditional values that concentrated on security (particularly relationship and financial security) became important. Moreover, having children was still seen by most participants as pivotal for a fulfilled life.

The findings do not support the central support premise of Hakim’s (2003b) preference theory that women’s childbearing was generally unconstrained and reflected workforce participation preferences. The findings instead, showed that women’s childbearing, undertaking the primary caregiver role and women’s level of workforce participation largely flowed from their gender identity which was socially and biologically defined.
The hypothesis of gender equity theory (McDonald, 2000) was supported by the findings in that most participants experienced an inequitable division-of-labour once they had children. However, this did not seem to put the women off having children. Instead they mainly claimed that they chose the division. Inequity of domestic arrangements probably was a major factor in Lara’s relationship breakdown but even under inequitable circumstances she had three children.

Risk aversion theory, which applies the reflexive modernization thesis to fertility, was not upheld, as discussed above. In general, participants did not appear to be thoroughly individualized (divorced from society and having to make choices about everything), nor were they constantly reflexive (structurally aware and self-critiquing) and they had only limited ability to self-define. However, it must be said that some felt that more choice had been thrust upon them which made their lives more difficult to negotiate.

Davis and Blake’s (1956) theory considered cultural and structural factors (see Chapter 2) outside the scope of this thesis. However, the theory included the assumption that contraception would be effective and reproduction could be controlled given exposure to the right technologies and conditions. Therefore it is possible to comment that this theory does not take into account non-reflexive dispositions to have children and the full range of factors involved in childbearing outcomes.

Easterlin’s (1975) theory took into account a wider range of financial, psychological and structural factors in childbearing outcomes. The findings of this research support the more complex approach taken. However, Easterlin’s theory did not consider social pressures and expectations and their relationship to identity and which have been shown here to also have important implications for women’s fertility.

This research suggests that the complexity of reproductive behaviour presents a great challenge for formulating a succinct theory. I would suggest, even so, that the assumption that women largely choose their childbearing outcomes in relation to few considerations greatly oversimplifies the issue and is at the heart of the failure of
demographic theories to adequately explain fertility trends. The flawed assumption of choice may be especially problematical as the women in this research belonged mainly to the socioeconomic group anticipated to have most agency around childbearing.

10.5 Implications for women's agency
This section considers the implications that the conceptual framework has for women’s agency in regard to childbearing.

The overall implication of these findings is contrary to ex-Prime Minister John Howard’s assertion in 2002 that that we are in a ‘postfeminist era’ in which the feminist battle has been won (see Summers, 2003, p.21). Despite the decades of feminist campaigning, discussed in Chapter 1, these findings seriously question the ability that women have had to transform the social context of their lives in the context of motherhood (as Susan Maushart previously observed, see quote at head of this chapter). Social reforms in regard to women (greater workplace participation and other equity gains) do not appear to have changed gender related identity traits, women’s dispositions towards motherhood and social expectations. Participants expected to have children (usually at least two), assumed most responsibility for their children and the running of their homes, and prioritised the needs of their children over their own. They perceived others held the same expectations of them. In this context, participants perceived that they had a legitimate right to a place in the workforce but mostly conceived their participation as a part-time pursuit that could not claim too much of their attention. This was because they had managed to shed little of their expected domestic role. Partners may have been expected to ‘help’ but it was not assumed they would take responsibility for childrearing and other home-centred work. Participants in this research certainly appeared to have little power to change these conditions. Clearly, the solution to women’s lack of agency in this regard is not easy but the suggestions made below may continue the slow, hard work needed to address the problem.

The main ways participants were able to be agentic in regard to motherhood was to pick and choose the circumstances in which they had children and to be flexible in
regard to number and timing of children. Critical appraisal of coping skills and what was needed in order to cope with children was then the predominant vehicle for agency. However, it was also apparent that the women were largely unprepared for motherhood. Initiatives aimed at encouraging reflexivity around childbearing, better informing young people about parenthood, facilitating women’s workforce participation, encouraging more equitable division-of-labour within relationships, and providing practical support are likely to help women to cope and make childbearing less of a threat to their identity.

Appropriate education (via schools, health clinics, parenting courses, online and other public information dissemination services) may counter the expectation that women will have children. The findings showed that reflexivity often appeared to be absent especially in regard to the major decision to become a mother. Nevertheless, it was apparent participants were capable of reflexivity when it was appropriately stimulated. In order to promote agency, encouragement of reflexivity should be a principle of all education initiatives. More specifically, education could stimulate reflexivity by encouraging reflection on ideology and social expectations, raising awareness of social policies and support services, as well as augmenting understanding of the experience of motherhood. With the advent and widespread uptake of electronic tablets, it may be feasible for appropriate bodies (e.g. family planning clinics, fertility clinics, high schools) to distribute engaging and informative publications. For example, Dux (2013) has recently published a candid account of her prenatal, postnatal and birth experiences. Having a better understanding of motherhood and greater awareness of social pressures and supports should help women to make conscious decisions of the right course of action for them. Given the general conservatism when it comes to social reform, the emphasis on economic growth and the concern over ageing population in relation to economic growth amongst the Australian major political parties, educational initiatives of this type are likely to need a great deal of feminist advocacy. Discourse encouraging reflexivity around childbearing could be promoted by research initiatives. It is hoped that this research will contribute to this kind of discourse.
This research also showed that policies addressing flexibility in the workplace promoted women’s agency. This year the current Labor Government announced their intention to extend the right to request flexible working arrangements to a greater number of workers (Shorten, 2013). A policy such as this is likely to make flexible work arrangements more generally acceptable and common, enabling men to be more involved in caring for children. However, whether this policy will be implemented is uncertain. The policy announcement was made under Julia Gillard’s leadership. Since then she has been replaced as Prime Minister by Kevin Rudd who may have other ideas. Moreover, Australia will have a federal election on 7 September 2013 (close to my submission date). If the opposition are elected, flexibility reforms are unlikely.

Shared parenting has long been advocated (e.g. Dinnerstein, 1976; Ehrensaft, 1983) but it is clear from this and other research (e.g. Craig & Bittman, 2008; Dommermuth & Kitterød, 2009; Miller, 2011a; Sevón, 2012) that few real gains have been made in this respect. Men have been reported to be willing to take on a greater share of responsibility but their workforce participation and masculine identity norms prevent them from doing so (Seward et al., 2002; Henwood & Procter, 2003; Miller, 2011a) (I have not managed to find research that that similarly reports Australian men’s willingness to be more involved in childrearing). Policies that assume and encourage shared parenting (more in line with Sweden and Norway (see Seward et al., 2002; Dommermuth & Kitterød, 2009)), such as provision of longer paid paternity leave, are needed. In Australia, although fathers are entitled to 12 months unpaid parental leave, they have only recently been offered a mere two weeks paid leave under the current National Parental Leave Scheme. Including men in the scheme creates an involvement expectation but the provision of only two weeks, which may be taken at the same time as their partner’s leave, reinforces the perception that they are just ‘helping’. The participants perceived that workplace cultures made it less acceptable for men to seek flexible work arrangements and so constrained their ability to take greater responsibility for childrearing.

The Coalition (Liberal Party and National Party - currently in opposition) have proposed in their election campaign a more generous maternity leave of up to six
months on full-pay (capped at $75,000) with payment of superannuation contributions (Liberal Party, 2013). This scheme will do nothing to encourage the involvement of fathers in childrearing. This scheme may encourage some women without similar employer based schemes to retain their attachment with the workforce. If there is a requirement for women not to resign from their jobs to be eligible for this payment the policy may allow these women, after they have become mothers, to make more informed decisions about whether or not to continue their workforce participation (which was seen in Chapter 5 to be desirable). However, as this policy was announced with a pronatalist message (as was the Baby Bonus) it once again applies pressure on women to produce babies (Novak, Scarr & Lion, 2013). The policy is also questionable in terms of equity in that the wealthiest will be paid the most from the public purse.

It is also necessary that the gender pay gap is addressed. Participants in this and other research frequently rationalised their roles in relation to earning potential. Despite more women gaining tertiary qualifications than men (ABS, 2012b), as discussed in Chapter 1, women still earn less than men.

Even with appropriate changes to policies and workplace conditions, this research indicates a profound cultural shift is needed for men’s greater involvement in childrearing. It was shown that socially defined masculinity had implications for the ways both women and men behaved and the lack of expectation of men to be involved did not only account for workforce participation differences. Childrearing impinged less on partners’ leisure pursuits than on participants’.

Education, aimed at both sexes, may further break down assumptions and expectations by anticipating that men have equal responsibility for childrearing. It may help to breakdown the casting of women as the ‘natural’ primary caregivers if it were better known that men produce hormones associated with caring behaviours as a normal empathic response to their partner’s pregnancy and the birth (see Chapter 4). Calling this response Couvade Syndrome, suggesting a disorder, is probably not very helpful. The aim would be to produce similar norms and expectations for men and women who have children. In addition, the rewards that men report when having a greater presence in
their children’s lives (Henwood & Procter, 2003; Craig & Sawrikar, 2009) could also be given greater attention.

Advertising standards should also be addressed. The image of women in much advertising, particularly on television, is usually that of the competent, self-sacrificing carer and homemaker. Men in domestic settings are often depicted as inept. This reinforces entrenched gendered norms and the belief that women are better than men in domestic roles. Priming people with an expectation of their aptitudes in relation to their gender has been shown to affect their outcomes (Fine, 2010). On the other hand, the power of advertising could be used to advance the feminist cause. For example, an advertising campaign which suggests that it is ‘unmanly’ to leave all the domestic chores up to female partners could be launched.

It is also probably in the interest of women’s agency to dissociate marriage from childbearing as it was shown in this research that one came with the expectation of the other. I would suggest that allowing same-sex marriages would help to further this cause. In recent public debates, the main argument of those against same-sex marriages appears to be because marriage is considered as an institution for having children. Allowing same-sex marriages would therefore challenge the assumptions made about marriage.

The findings also implied that policies promoting financial well-being, facilitating women’s workforce participation and providing practical support were most likely to facilitate childbearing when more than two children are desired. Women’s workforce participation and childbearing and rearing were largely perceived as conflicting. Hence, participation in one restricted participation in the other. Policies and social practices (i.e. shared parenting discussed above) that allow women to combine work and childbearing are most likely to facilitate women to have all the children that they want. As things stand, the findings show that policies such as the Baby Bonus (relative to the cost of bringing up a child they are insignificant) are not needed to encourage women to have two children as most will do so anyway.
The data demonstrated that the government policy forcing single mothers to work actively undermined one participant’s agency. Since collecting the data the government further tightened the policy by placing sole parents on unemployment benefit if they fail to engage in work after their youngest child turns eight. Such policies do nothing to help single women cope with their children and fail to recognise limitations that single mothers may have in regard to being able to work (such as availability of suitable employment and incompatibility of work and school hours). Indeed it may mean that a single mother’s most rational strategy would be to have another child in order to avoid going on unemployment benefit, further undermining agency.

The number of unplanned pregnancies and births amongst the relatively privileged participants suggests that reproductive control methods are failing to meet women’s needs. This was not a topic pursued in the research but dissatisfaction with reliable contraceptive methods available was expressed by some participants. The unacceptability of contraceptive methods and fertility treatments appeared to be factors that limited some participants’ agency.

The findings clearly demonstrated that choice and individualism/individualization in relation to childbearing has been over emphasised. The overemphasis on choice is associated with an expectation of self-reliance and minimised public supports. Improved support of women who have children could be achieved by recognition of the social service women provide through childbearing and rearing but this must be done in a way that does not place increased pressures on women to have children (as Costello’s Baby Bonus did). Services that provide practical support rather than financial inducements are most likely to achieve this aim. Some creative solutions are likely to be needed, such as addressing barriers to women’s access to childcare services in order to help women who lack support networks. The trial of flexible ‘out of hours’ childcare arrangements that was announced by the federal government in March 2013 is encouraging (Ellis, 2013). However, given that many participants avoided the use of childcare such an approach is unlikely to be all that is needed.
10.6 Contribution to knowledge
In this thesis I have developed a new conceptual framework of agency. This new methodological approach provides a means of exploring the relative ability of different sociological theories to describe a social situation. To the best of my knowledge a similar systematic overview of agency has not been previously attempted in any area of sociology. The methodology used could be applicable to analysing the multitude of social situations. This research has also contributed by asking “are we there yet” from a feminist perspective and demonstrates that women still have a long way to go in bringing about meaningful change that will allow them to live their lives on the same terms as men. Hence, it has contributed to our understanding of the disadvantages still faced by women, again contrary to a widespread belief (that people in powerful positions such as John Howard have fostered and at least some participants held) that gender equity had largely been achieved. It has clearly shown that women’s agency in regard to their childbearing is imperfect and limited. The research has also contributed by commenting on fertility theory.

10.7 The road ahead
In this section I suggest further research that would further insights into women's agency related to childbearing.

From a methodological point of view and as a means of confirming the findings of this research a longitudinal study which collected data via online blogs, chat rooms or journals, as proposed in Chapter 3, would be of interest. The online environment may make feasible a study that follows women through their deliberations from preconception or early conception, through to termination or birth to the child reaching early childhood. I would envisage this research would, from the beginning, use the agency criteria developed here. As data collection would be closer in time to the action it would help to eliminate problems of relying on hindsight and post-hoc rationalisation. It is possible that collecting data online could point to factors not explored in this research because participants may be liberated to mention more sensitive issues such as addictions and homelessness. It is also possible that different factors could be specifically targeted by recruiting participants via websites or
agencies aimed at supporting particular issues. In terms of methodology it would
provide insights into whether an online approach was any more effective in
providing a more balanced sample from a socioeconomic perspective. Moreover,
comparisons of data may provide insights into whether or not increased anonymity
online affected findings. Such research could extrapolate from this study by
particularly pursuing issues where I found little other published research such as:
retrospective appraisal of the circumstances perceived necessary for childbearing;
women’s shifting workforce participation intentions pre and post childbirth; the
effect of environmental concerns on childbearing intentions and behaviour and;
attitudes towards spacing of children particularly the relationship between timing of
subsequent children and coping.

Similar online research that took an even longer-term view could also be attempted.
The concept for this research would be to follow young women as they constructed
their life-plans more generally. This research would look at how they negotiated
education, workforce participation, leisure and, potentially, childbearing and ask
them to comment on the pressure, expectations, constraints and opportunities that
they perceived. Such research would provide insights into whether or not the
pressures on women had changed from the women in the current study which may
have led to younger women having different perceptions. Do young women reaching
adulthood now perceive pressure from their parents to use their educational
qualifications? Do they feel their parents expect them to provide grandchildren? Do
they perceive that parents and others expect them to give up their careers when they
have children? What are their attitudes to these issues? Such research would further
understanding of women’s agency and whether or not any gains are being made.

It was also noted in the course of this research that there is little qualitative research
that explores men’s involvement in childbearing negotiations. Recruiting young men
into a ‘life plan’ study as described above may be the most successful way of doing
this. I suspect that young men would be more comfortable with communicating
online. It was also apparent from Maher et al.’s (2004) research that recruiting men
in studies about childbearing was more difficult than recruiting women (14 men
compared to 100 women). In addition, attempting to recruit partners (where
applicable) in the online studies suggested may help to elucidate the complexity of couple’s (be they heterosexual or homosexual) negotiations around childbearing, childrearing and workforce participation. Australian men’s perceptions of barriers and attitudes to shared parenting would be of particular interest. Complementary studies of this kind would provide insights into the gender differences in agency and how they interact.

This research has presented evidence that supports Hardon’s (1992) observation that reproductive technologies fail to meet the fertility control needs of women because they find them unacceptable. Despite this research being published over two decades ago relatively recent articles have commented on the lack of research on contraceptive choice (Belfield, 2009; Knox et al., 2012). I could find no published qualitative research conducted in Australia that addressed contraceptive choice or acceptability. I therefore concur that qualitative research to further understanding of contraceptive choices and acceptability is needed and is indeed much over due. This research could inform the development of contraceptives which are acceptable, and therefore more likely to be used effectively, and so further women’s agency around childbearing. Such research could be further extended to explore the participants’ perceptions that regional and rural women from low-socioeconomic groups are particularly disadvantaged in accessing birth-control methods.

10.8 Conclusion
This research has presented a systematic overview of women’s agency in relation to childbearing previously missing from the literature. It has made a significant contribution to knowledge by developing a conceptual framework of agency. The multi-perspective approach I adopted for this thesis allowed for an open minded consideration as to which of the range of theories best described participants’ behaviour. The methodology may be broadly applicable to sociology. The research showed women’s agency around childbearing was spasmodic and imperfect, contrary to the perception that women’s childbearing was fundamentally chosen. It demonstrated that Bourdieu’s (1977) theory best describes women’s position in relation to childbearing in that it was usually done non-reflexively in line with gendered expectations. The self-definition and reflexivity of Giddens’ (1991a, 1991b)
and Beck’s (1999) reflexive modernization and post-structuralism was not apparent for these participants. The findings also suggest demographic theories of fertility decline failed to take into account the complexities involved in having a child and too heavily assumed volitional control. To do a better job of explaining fertility patterns structural influences, accidental pregnancies and other biological factors need to be taken into account. The research has demonstrated that women’s assumed reproductive role places them at a disadvantage (mainly because of the assumption that they will undertake the primary caregiver role) but this is a position with which they appear to willingly comply. Suggestions for initiatives and further research to advance women’s agency have come out of the research.

It was demonstrated that, at least in the context of women’s childbearing, detraditionalization and individualization have not substantially occurred. The women in this research were thoroughly enmeshed in society and social expectations greatly influenced their actions. The women were not highly reflexive; reproductive acts varied in their degree of purposefulness and intentionality. Nevertheless, the women demonstrated that within the particular circumstances they were reflexive. In particular they considered family size and timing in relation to their ability to cope under their given circumstances. The women’s ability to self-define was at best limited, gender played a large role in who they were and what they could be. The women’s ability to transform their circumstances was also limited and it was apparent that social context in regard to childbearing and childrearing has been very slow to change. Importantly to the discourse of choice prevalent in the popular media and expounded by economic rationalists, the concept of choice was shown to be simplistic. The women described complex negotiations between biological factors, social influences and personal preferences. When the women were content with their outcomes they subjectively interpreted them as chosen. This research demonstrates that despite making some progress in workforce participation women’s expected role in the home curtailed what they could achieve. So while some advances may have been made in regard to women’s agency, their agency around childbearing was perceived as limited and questionable. Given the male dominated political landscape in Australia, changing this situation is likely to continue to be a struggle for feminists. Workplace and family support policy reforms, improved practical support
services, education and reproductive technologies better tailored to meet the needs of women are needed to advance women’s agency.

To date two journal articles have been published (i.e. Read et al., 2007; Read et al., 2012). Five more papers are envisaged. One paper would outline the development of the criteria for exploring agency. A second paper would present the conceptual framework of women’s agency in regard to their childbearing. Three other papers would outline the implications of the study for: social theory, fertility theory, and policies and initiatives.

This research has led me to think very differently about the agency I had over my own childbearing. I am astounded by how much my view has changed despite none of the findings being that surprising. At the start I was fairly certain I had a great deal of agency, as I discussed in Chapter 3, whereas now I am much less certain. The reflexive nature of this research has made plain to me things of which I was aware but had ignored. The main way forward to improving women’s agency over their childbearing must be to bring out into the light for open examination all those things that are known but that get pushed into the background and overlooked.
References


ABS (2006) *Australian historical population statistics Table 38*. Cat No. 3105.0.65.001, Australian Bureau of Statistics, Canberra.


ABS (2008b) *Australian social trends: work indicators Table 1*. Cat. no. 4102.0, Australian Bureau of Statistics, Canberra.


Goward, P. (2002) Work and family: the challenge for modern Australia, Royal Women's Hospital Tracy and Maund Address, Royal Women's Hospital, Melbourne.
Griffiths, F. (1996) Qualitative research: the research questions it can help answer, the methods it uses, the assumptions behind the research questions and what influences the direction of the research. Family Practice, No. 13, S27-S30.


Macken, D. (2005) *Oh no, we forgot to have children: how declining birth rates are reshaping our society*. Allen & Unwin, Crows Nest.


McDonald, P. (2001c) Work-family policies are the right approach to the prevention of very low fertility. *People and Place*, 9, 17-28.


Richards, L. (1976) Babies and jobs: a sociological investigation of the link between fertility and women's employment. La Trobe Sociology Papers no. 37, La Trobe University, Bundoora.


Sevón, E. (2012) 'My life has changed, but his life hasn't': Making sense of the gendering of parenthood during the transition to motherhood. *Feminism and Psychology, 22*, 60-80.


Appendix A: Recruitment Advertisement

Are you a mother who would like to have her say?

There is a lot of talk in the media about why women should be having more children, and how to encourage them to do so. But what do women really want when it comes to having children? What influences their childbearing decisions?

Donna Read is a post-graduate research student at the University of Sydney. Her research into the decisions made by women in the Central West to have children gives mothers the opportunity to have their say on these significant issues.

It is hoped that the findings of the research will contribute to public discussions about the number of children women are having and may influence future government family policy.

Like to know more? If you are over 18 and a mother with at least one child aged nine years or younger and are interested in telling your story about how you came to have your children please contact:

Donna Read
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Email.drea4461@mail.usyd.edu.au

or her supervisor

Dr Judith Crockett
Tel: (02) 6365 7582
Email: jcrockett@csu.edu.au

Please also pass this information on to mothers you know who may be interested in taking part in this research.
# Appendix B: Brief descriptions of participants

**Amy**  
Child 1: 10 (F)  
Child 2: 8 (M)  
Child 3: 5 (M)  
Child 4: 4 (F)  
Mother’s age at first birth: 29  
Married  
Other religion  
Bachelor degree  
Lived in Orange area for 6 months  
Full-time mother  
Family income: high

**Claudia**  
Child 1: 6 (F)  
Mother’s age at birth: 26  
Defacto  
No religion  
Bachelor degree  
Lived in Orange area for 1.5 years  
Employed part-time: 30hrs/week  
Family income: high

**Anita**  
Child 1: 10 (F)  
Child 2: 8 (M)  
Child 3: 5 (F)  
Mother’s age at first birth: 31  
Married  
Other Christian faith: Uniting  
Postgraduate qualifications  
Lived in Orange area for 8 years  
Employed part-time (casual): 0 to 24hrs/week  
Family income: high

**Dawn**  
Child 1: 10 (M)  
Child 2: 9 (F)  
Child 3: 5 (M)  
Child 4: 2 (M)  
Mother’s age at first birth: 28  
Married  
Other Christian faith  
Graduate diploma  
Lived in Orange area for more than 10 years  
Employed part-time: 14hrs/week  
Family income: middle

**Beryl**  
Child 1: 2 (M)  
Mother’s age at birth: 28 (biological mother)  
Married  
No religion  
Bachelor degree  
Lived in Orange area for 4 years  
Full-time employed: 35hrs/week  
Family income: high

**Elaine**  
Child 1: 7 (F)  
Child 2: (F)  
Mother’s age at first birth: 34  
Separated  
Anglican  
Diploma/Advanced Diploma  
Lived in Orange area for (not indicated)  
Enter employed full-time amount: 36+ hrs/week  
Family income: middle

**Chris**  
Child 1: 4  
Child 2: 18 months  
(sex of children not indicated)  
Mother’s age at birth: 37 (biological mother)  
Married  
No religion  
Graduate certificate  
Lived in Orange area (not indicated)  
Part-time employed: 15hrs/week  
Family income: middle

**Faye**  
Child 1: 20 (F)  
Child 2: 17 (M)  
Child 3: 16 (M)  
Child 4: 12 (M)  
Child 5: 10 (F)  
Child 6: 2 (M)  
Mother’s age at first birth 21 years  
Married  
Anglican  
Education: Year 10/11  
Lived in Orange area (not indicated)  
Enter employed part-time: 16 hours/week  
Family income: middle
**Gemma**  
Child 1: 9 (F)  Child 2: 7 (F)  
Married  
Humanist religion  
Graduate diploma  
Lived in Orange area for 2 months  
Employed part-time: 15 hrs/week  
Family income: high

**Hilary**  
Child 1: 2 (M) Child 2:(M) 12 weeks  
Mothers age at first birth: 34  
Married  
Catholic  
Bachelor degree  
Lived in Orange area for more than 10 years  
On maternity leave  
Family income: high

**Irene**  
Child 1: 6 months (M)  
Mothers age at birth: 23yrs  
Married  
Anglican  
Bachelor degree  
Full-time mother  
Lived in Orange area for 1.5 years  
Family income: middle

**June**  
Child 1: 2yrs (F)  
Mothers age at birth: 42  
Defacto  
Other religion  
Graduate Certificate/Graduate Diploma  
Lived in Orange area for more than 10 years  
Self-employed: 40hrs+/week  
Family income: high

**Kay**  
Child 1: 9 (M)  Child 2: 6 (M)  
Child 3: 2 (F)  
Mothers age at first birth: 24  
Married  
Bachelor degree  
Catholic  
Lived in Orange area for 7 months

**Part-time work: 18hrs/week**  
Family income: high

**Lara**  
Child 1: 11 (M)  Child 2: 9 (M)  
Child 3: 4 (M)  
Mother’s age at first birth: 28  
Separated  
Catholic  
Yr 12 education  
Lived in Orange for more than 10 years  
Employed part-time: 24hrs/week  
Family income: low

**Maria**  
Child 1: 19 (M)  Child 2: 15 (M)  
Child 3: 7 (F)  Child 4: 4 (F)  
Married  
No religion  
Yr 12 education  
Lived in Orange for 5 years  
Full-time mother  
Family income: low/middle

**Nancy**  
Child 1: 11 (F) Child 2: 7 (M)  
Mothers age at first birth: 29  
Married  
Religion – Salvation Army  
Postgraduate degree  
Lived in Orange area for more than 10 years  
Full-time employed: 55hrs/week  
Family income: middle

**Olga**  
Child 1: 16 (M)  Child 2: 14: (M)  
Child 3: 8 (F)  
Mother’s age at first birth: 27  
Married  
Presbyterian Christian  
Diploma or Advanced Diploma  
Lived in Orange area for more than 10 years  
Full-time mother  
Family income: high
Penny
Child 1: 6 (M) Child 2: 2 (F)
Mother’s age at first birth: 26
Married no previous relationships
No religion
Year 12 education
Lived in Orange area for more than 10 years
Full-time mother
Family income: middle

Renee
Child 1: 5 (F)
Mother’s age at birth: 28
Defacto relationship
No religion
Yr 12 education
Lived in Orange area for more than 10 years
Self-employed: 15hrs/week
Family income: middle

Sonya
Child 1: 3 months (F)
Age of mother at birth: 33
Married
Catholic
Postgraduate degree
Lived in Orange area for more than 10 years
On maternity leave/annual leave for 12 months
Family income: high

Trish
Child 1: 6 (M) Child 2: 4 (F)
Mother’s age at first birth: 31
Married
Anglican
Lived in Orange area for more than 10 years
Full-time mother
Family income: middle

Una
Child 1: 20 (F) Child 2: 18 (F)
Child 3: 2 (F)
Mother’s age at first birth: 22 years
Married
Catholic

Year 10 or 11 education
Lived in Orange area for more than 10 years
Self-employed: 40hrs/week
Family income: high

Vera
Child 1: 7 (M) 4mths pregnant with child 2
Mother’s age at first birth: 31
Defacto
Catholic
Year 12 education
Lived in Orange area for more than 10 years
Part-time work: 21 hrs/week
Family income: middle

Wanda
Child 1: 9 (M) Child 2: 5 (F)
Child 3: 4 (F)
Age of mother at first birth: 37
Married
Other Christian
Yr 12 education
Lived in Orange area for more than 10 years
Full-time employed: 35hrs/week
Family income: high

Yvonne
Child 1: 4 (M)
Mother’s age at birth: 36
Married
No religion
Graduate certificate or diploma
Lived in Orange area for 5 years
Employed part-time: 17.5 hrs
Family income: high

Zola
Child 1: 8 (F) Child 2: 6 (M)
Age of mother at first birth: 33
Married
Anglican
Bachelor degree
Lived in Orange area for 10 years
Self-employed part-time: 10-15hrs/week
Family income: middle
Appendix C: Interview and focus group protocols

Phase 1 - first round interview questions (with possible follow-up questions/ prompts)

Note: Wording and order to questions were sometime modified to reflect the previous responses of the participant. Questions were omitted when the participant had covered the data they were designed to obtain in a previous section.

Do you expect to have any more children
*If they expect more* – how many?

Why do you expect to have [expected no.] children

2. How many children would you ideally like to have?

What is it about [desired no] children that you think is ideal?

Where do you think the idea that [desired no] children would be ideal comes from?

*If expected number is different from ideal number*

Why won’t you have [desired number]?

How do you feel about not having [desired number]?

3. How involved has your partner (or past partners) been in the decisions to have [expected no.] children?

Whose opinion was more important?

How difficult was it for you to agree?

Has their work commitments or career plans play a part?

How active a role does he/she play parenting/household duties?

Would you have considered becoming a single mother?

4. Who else, other than your partner, do you think may have influenced your decision to have [expected no.] children?

How did they influence them?

How large was the family you came from and do you think this has influenced the number of children you see as ideal?

5. Please tell me about having your first child. I am interested in the decisions you made and the circumstances around those decisions.

Did you feel that you had control over when you started your family?

Why did you start a family at that time?

What helped you make the decision to start a family?

What made it the decision to start a family difficult?

6. And your having second (and subsequent children). What decisions did you make, and under what circumstances?

Reason for timing?

Did the gender of your existing children play any part in your decision to have (or not have) a subsequent child? – *if it did* WHY?

7. For you was there anything you felt was important to have achieved or conditions met before having children?

Work/career              education              financially              relationship
home                           other material goods

Why do you think [from answer] was important?

8. What have you set aside in your life in order to have children?

How do you feel about this – sacrifice or compromise?
9. Can you remember before you had your first child – why you wanted to have children?
10. How do you think you would have felt if you hadn’t have had any children?
   How would your life have been different?
11. How important to you is the ability to control your fertility?
   What impact has that had on your life (and family’s life)?
12. With hindsight, in regard to having your children, would you now wish you had done anything differently?
13. For you, have you have you had to make difficult choices between being in the paid workforce and having children?
   Have you taken paid/unpaid maternity leave?  Entitlement to paid leave?
   How important to you was that maternity leave?
   Did you leave work after having children and was this your choice?
   Would you have more children if you could be a full-time mother?
   Would you have more children if you could go back to work part-time of full-time?
14. How important have financial considerations played a part in the number of children that you will have/are having?
   Can you tell me more about these financial considerations?
   Would you have more children if you could afford them?
15. When deciding to have your child/children did you take into account the support government provides for families?
   What do you think about the current government policies?
   Do they provide good support for parents?
   What do you think is good and what do you think is not?
   Is there anything the Government could do to encourage you to have more children?
16. Is [name of place] a good place to have children?
   Why?
   Does it provide you with good support to bring up your family?
   What do you think about the public services (childcare, health, schools) in your area?
   Do you have family close by – is this a help?  And friends? Has this had any bearing on the number of children you have had/will have?
17. When you hear discussions in the media, on television, by our politician’s about how many children women should be having and whether or not they should be having them (give examples) – how do you feel about what you’re hearing?
   What have you listened to, what has influenced you?
   What do you ignore?
18. Do you think your spiritual beliefs had any influence on your decision to have your children – if so how?
19. Have world or environmental concerns played any part in your decision making?
   Where do you think you have got these messages from?
   If the world was different do you think it would be more likely for you to have more children?
20. If you could wave a magic wand – what (if anything) would you change that would improve life for you and your children?
21. Can you think of anything not already mentioned, that has influenced you having [number] children, when you had them or how many you had?
   Could you tell me about these?
Phase 2 – focus group exercises

Exercise One: Participants were asked to describe a typical Australian family
Discuss:
The degree of unanimity within the group about what the ‘typical’ Australian family
looks like
The range of childbearing behaviour that is considered acceptable
The acceptability of:
Parents in a defacto relationship
Parents in a homosexual relationship
Single mothers
Younger (teenage) and older (over 40) parents
Families with more than four children
Families with one child
Possible follow-up questions:
How do they believe individual women act – does childbearing behaviour in general
reflect individual preferences or what is normal/acceptable in society?
How do women know what is acceptable/normal?

Exercise two: Participants asked to discuss quotes from the first round of interviews.
“I believe your DNA and biology insist that you procreate. I think it is all we are
here for….on the biological level that is all nature wants you to do. You’re an
animal, you’re a mammal; you’ve got to procreate; that is what you’ve got to do.”
“I would be no, no, no, [didn’t want another baby] and then about the time of the
middle of my cycle when I was due to ovulate I would be really “I want another
baby” and then I kind of saw this cycle happening and realised and thought to myself
that is really hormonal”
“Whenever you go out and you’re surrounded by other people’s children and you’re
kind of at a loose end because then you’re the odd balls out. So a lot of friends were
having children as well.”
“I was in an environment that was all girls who were mums…..and then we moved
in together and I just felt that is what I should do. I mean what else was I gonna do?
It was kind of like, well I’m here, I’m living with [ex-partner], where else is my life
going to go now? I’m gonna be 30 soon, I suppose I should have a baby.”
“Oh it was just sort of one step further along in your relationship….yeah, it was just
the next step [after marriage] I suppose.”
“Yeah, it was interesting how many people do ask you as soon as you get married,
when are you having kids? And I suppose because I had hit my thirties as well that
that perception was there.”
"He had all the rational arguments for not having kids and I had all the emotional
arguments for having them. He won hands down, but we still had them."

Discuss:
The relative importance of conformity, biological imperative and seeing having
children as another step in a relationship/marriage – in driving women to have
children.
The importance of rationalising – see second biological imperative quote and
rational/emotional argument quote
Possible follow-up questions:
Why do women have children?
Do biological imperatives mean women are destined to be mothers?
Do social expectations mean women are destined to be mothers?
What makes us women? Is being a woman biologically intrinsic or something that is learnt? (Is motherhood essential?)
Is motherhood an important aspect of being a woman/a wife?
How free are women to choose whether or not to have children?

Exercise Three: Participants were read scenarios and asked for their responses
Scenario 1: Colleen is a solicitor. She works long days, starting at 8am and frequently not finishing until 8/9pm. All this hard work has paid off and she has just been offered a partnership with the law firm she works for. However, at 32 she is very aware that her biological clock is ticking and thinks if she is going to have children she probably should start now. What should Colleen do?
Should she have a child?
If she has a child – should she carrying on working? How much? Should she accept the partnership?
What is important in the decisions she makes?
Scenario 2: Rachael has just left school. She has had an offer of a university place with Charles Sturt University studying environmental sciences. However, Rachael’s boyfriend Sam proposed to her the day she left school and wants them to get married and have children straight away. He says if she goes away to university it will all be over between them. Rachael doesn’t know what to do, she has read in the papers about how many women are finding they run out of time to have a child because they can’t find a suitable partner, willing to become a father. Rachael believes Sam is the love of her life and that he will be a great father and she doesn’t want to miss out on having children. What should Rachael do?
Would they think differently if it wasn’t about getting an education but going travelling?
Do women know/understand the full impact of the choices they make?
Scenario 3: Eileen has have been living with Mike in a defacto relationship for the past ten years. They have two children and have almost paid off the mortgage on their three bedroom home and have started to look around for something a bit bigger. They have seen a house they love but it would stretch them financially, especially if interest rates continue to rise. Eileen’s best friend she has known since high school has recently had a baby and seeing the baby made Eileen feel very ‘clucky’. Eileen always really wanted at least four children but a baby now would almost certainly mean they could not buy their ‘dream-home’. The purchase of the new home would provide a big boost to their financial assets and if they stay put two of the children will have to share a bedroom. In addition she thinks they will not be able to provide financial support for three children going through university. What should Eileen do?
In addition she thinks they will not be able to provide financial support for three children going through university.
I haven’t said whether or not Eileen is working – could she work/work longer to have the home, third child etc?
Do/should women make decisions based on what is best for the children?
In the interviews worries about the future cost of education came up frequently as a major consideration regarding how many children to have. Why do women worry so
much about education for their children? Is this about the child’s future choices/opportunities/control over their future?

Possible follow-up questions:
We have talked about career, education, travel, material wealth, providing for existing children – which other preferences conflict with having children?
Now we have just discussed what other women should do in theoretical circumstances but in the real world is it okay to tell another woman that she should not be having/not having children or having more children? Why?

Exercise Four: Summing up question
What, if anything, allows women to control their childbearing outcomes?
Possible follow-up questions:
Do they think women are in control of their childbearing outcomes now? Do they set goals and then relentlessly strive towards achieving those goals?
Do women want control or do they think sometimes/under some circumstances that childbearing should be beyond women’s control? (I’m thinking here about when women talk about unplanned pregnancies or not having as many children as first planned they tend to see what has happened in a positive light)
Overall what do they think is important in determining women’s childbearing outcomes? (constraints and facilitators)
What influence do social norms, biological imperatives or other social pressures have on childbearing outcomes?
Do they think the individual is free to act on their own preferences?

Is there anything else anyone wanted to say at anytime that they haven’t had a chance to say?
Phase 3 – follow-up interview questions

Note: Wording and order to questions were sometime modified to reflect the previous responses of the participant. Questions were omitted when the participant had covered the data they were designed to obtain in a previous section.

What do you think about what was talked about in the focus group meeting we had?
How free do you believe you were to select or reject motherhood?
Do you believe an innate biological drive has been involved in your motivation to have children? If answer is yes – In what ways did you experience your biological drive to have children?
Who, if anyone, do you think assumed you would have children?
What do you think your mother expected for you in relation to having children? And your father?
What do you think your mother expected for you in relation to your work or career? And your father?
How important do you believe the expectations of others were in regard to you having children?
Have other interests or ambitions in your life affected how many children you had or when you had them? How?
Other than what we have already discussed, do you believe anything else was involved in your motivation to have a child/children?
Could you have imagined that you could have gone through life without having children?
How has having children affected your perception of power over your life?

Would you feel a part of you was missing if you hadn’t had your child/children?
What would a society where women have complete control over how many children to have and when to have them look like?
What do you think a society in which men and women were completely equal look like?
In the previous interview I had with you, you said [“quote from interview”]. What do you think that says about the amount of control you had over how many children you have had?
Is there anything else you would like to share about how you have come to have the number of children you have had and when you have had them?
Appendix D: Demographic data collection instrument

Questionnaire: Childbearing Decisions of Central West Mothers

To help us with our research we ask you to give us a few details about yourself and your family

1. Please fill in these details about each of your children – if you are not the biological mother of any of these children write n/a for your age at child’s birth

<table>
<thead>
<tr>
<th>Child</th>
<th>Sex</th>
<th>Age of child</th>
<th>Your age at child’s birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male/Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Male/Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Male/Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Male/Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Male/Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Male/Female</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Which best describes your current relationship status?
   Married  defacto  divorced  separated  single

3. Have you had any previous marriages or defacto relationships? Yes  No

4. Please indicate which best describes your religious beliefs
   Anglican  Catholic  Other Christian  Faith
   Other religion ........................................... No religion
   What is your highest level of education completed?
   Year 9 or less  Year 10 or 11  Year 12
   Certificate  Diploma or Advanced diploma
   Bachelor degree  Graduate Certificate or Graduate diploma
   Postgraduate degree  Other

6. How long have you lived at your current address?__________________________

7. If you have lived at your current address less than 10 years, where did you last live?______________________________________________________________

8. Which best describes your current employment status?
   Full-time mother  employed full-time  employed part-time
   self-employed  unemployed

9. If you are employed or self employed how many hours do you work each week?______________________________________________________________

10. Please could you indicate your approximate total earnings, after tax and other deductions, that your family takes home each week (do not include any government benefits you may receive):
    under $500  $501 - $1200  $1201 or more
Appendix E: Invitation to attend focus groups and follow-up interviews

The University of Sydney
Faculty of Rural Management
Leeds Parade, PO Box 883,
Orange NSW 2800 Australia

9 June 2008
Dear [name of participant]

Re: My postgraduate research project ‘Childbearing Decisions of Central West Mothers’

Thank you for taking part in my research by attending an interview on [date of interview]. I am now extending the research and hope that you may be able to help me further. There are two activities that I would like you to consider taking part in. Although it would be most helpful if you could take part in both activities, your input would be valuable if you can manage either one.

First of all, I am inviting you to take part in a focus group. This will be a group discussion comprising six to eight mothers where you will be asked to discuss what motivates women to have children, particularly your views on social expectations and biological influences. The questions will be general and you will not be asked to talk about your own personal experiences unless you wish to do so. The focus group will be conducted at a time suitable to the greatest number of participants. A meal or refreshments will be provided appropriate for the time of day of the session.

Secondly, I am inviting you to complete a questionnaire. I will ask you about your personal views of what has been discussed in the focus group. You may answer the questions in a face-to-face interview, a telephone interview or by mailing back written answers in a reply-paid envelope. For more information about the questionnaire please see the ‘Participant Information Statement’ enclosed.

To help you make a decision about whether or not to take further part in this research I am sending you updated information on the project. I have also included a short response form that I would ask you to fill out and return to help me schedule the most convenient time for the focus groups.

Whatever your decision, thank you for your interest in my research and the time you have already given me. I hope I can meet with you again. I wish you and your family all the best.

Best Regards

Donna Read
Postgraduate Research Student
Appendix F: Ethics approval and modifications

18 May 2006

Dr Geoffrey Watson
Senior Lecturer
Faculty of Rural Management
Charles Sturt University/The University Sydney
Orange Campus
P O Box 883
ORANGE NSW 2800

Dear Dr Watson

I am pleased to inform you that the Human Research Ethics Committee at its meeting on 9 May 2006 approved your protocol entitled “How Mothers, with a child nine years or younger, in the Central West of NSW explain their childbearing”.

Details of the approval are as follows:

<table>
<thead>
<tr>
<th>Ref No.</th>
<th>05-2006/3/9147</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approval Period:</td>
<td>May 2006 to May 2007</td>
</tr>
<tr>
<td>Authorised Personnel:</td>
<td>Dr Geoffrey Watson, Dr Judith Crockett, Ms Donna Read</td>
</tr>
</tbody>
</table>

The approval of this project is conditional upon your continuing compliance with the National Statement on Ethical Conduct in Research Involving Humans. We draw to your attention the requirement that a report on this research must be submitted every 12 months from the date of the approval or on completion of the project, whichever occurs first. Failure to submit reports will result in withdrawal of consent for the project to proceed.

The project is approved for an initial period of 12 months with approval for up to four (4) years following receipt of the appropriate report. Your report will be due on 31 May 2007.

Conditions of Approval Applicable to all Projects

1. Reporting of Serious Adverse Events

Researchers should immediately report anything to the Human Research Ethics Committee which might warrant review of ethical approval of the protocol, including:

- Serious or unexpected adverse effects on participants;
- Proposed changes in the protocol or any other material given to the participants in the study must be known prior to being actioned, including participant information and consent forms; and
• Unforeseen events that might affect continued ethical acceptability of the project.

(2) Modifications to the protocol cannot proceed until such approval is obtained in writing. (Refer to the website www.usyd.edu.au/ethics/human under ‘Forms and Guides’ for a Modification Form).

(3) The confidentiality and anonymity of all research subjects is maintained at all times, except as required by law.

(4) All research subjects are provided with a Participant Information Sheet and Consent Form, unless otherwise agreed by the Committee.

(5) The Participant Information Sheet and Consent Form are to be on University of Sydney letterhead and include the full title of the research project and telephone contacts for the researchers, unless otherwise agreed by the Committee.

(6) The following statement must appear on the bottom of the Participant Information Sheet. Any person with concerns or complaints about the conduct of a research study can contact the Senior Ethics Officer, University of Sydney, on (02) 9351 4811.

(7) The standard University policy concerning storage of data and tapes should be followed. While temporary storage of data or tapes at the researcher’s home or an off-campus site is acceptable during the active transcription phase of the project, permanent storage should be at a secure, University controlled site for a minimum of seven years.

(8) A report and a copy of any published material should be provided at the completion of the Project.

Yours sincerely

[Signature]

Associate Professor J D Watson
Chairman, Human Research Ethics Committee

Encl. Participant Information Statement
Participant Consent Form
Recruitment Advertisement
Questionnaire
Interview Protocol

✓ cc: Ms Donna Read, Faculty of Rural Management, The University of Sydney, Orange Campus, P O Box 883, ORANGE NSW 2800
Dr Judith Crockett, Lecturer in Management and Sustainability, Charles Sturt University / The University of Sydney, Orange Campus, P O Box 883, ORANGE NSW 2800
19 April 2007

Dr G Watson
Senior Lecturer
Faculty of Rural Management
Charles Sturt University/ The University of Sydney
Orange Campus
P O Box 883
ORANGE NSW 2800

Dear Dr Watson

Title: How Mothers, with a child nine years or younger, in the Central West of NSW explain their childbearing
Ref No.: 05-2006/3/9147
Authorised Personnel: Dr G Watson
Dr J Crockett
Ms D Read
Dr R Mason

The Executive Committee considered your request to modify the above protocol. The Executive Committee found that there was no ethical objection to the modification and therefore recommends approval to proceed.

The following modification was approved:

- Inclusion of Robyn Mason to the list of authorised personnel.

Chief Investigator / Supervisor’s responsibilities to ensure that:

1. All serious and unexpected adverse events are to be reported to the Human Research Ethics Committee (HREC) as soon as possible.

2. All unforeseen events that might affect continued ethical acceptability of the project are to be reported to the HREC as soon as possible.

3. The HREC is to be notified as soon as possible of any changes to the protocol. All changes must be approved by the HREC before continuation of the research project. These include:-

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- Notifying the HREC of any changes to the staff involved with the protocol.
- Notifying the HREC of any changes to the Participant Information Statement and/or Consent Form.

(4) All research participants are to be provided with a Participant Information Statement and Consent Form, unless otherwise agreed by the Committee. The Participant Information Statement and Consent Form are to be on University of Sydney letterhead and include the full title of the research project and telephone contacts for the researchers, unless otherwise agreed by the Committee and the following statement must appear on the bottom of the Participant Information Statement. Any person with concerns or complaints about the conduct of a research study can contact the Senior Ethics Officer, University of Sydney, on (02) 9351 4811 (Telephone); (02) 9351 6706 (Facsimile) or gbridy@usyd.edu.au (Email).

(5) A report and a copy of any published material should be provided at the completion of the Project.

Yours sincerely

John Watson

Associate Professor J D Watson
Chairman
Human Research Ethics Committee

cc: Mrs Donna Read, Faculty of Rural Management, The University of Sydney, Orange Campus, P O Box 883, ORANGE NSW 2800

Dr Judith Crockett, Lecturer in Management and Sustainability, Charles Sturt University/
The University of Sydney, Orange Campus, P O Box 883, ORANGE NSW 2800

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5 May 2008

Dr Judith Crockett
The University of Sydney
Faculty of Rural Management
Leeds Parade, PO Box 883
Orange NSW 2800

Dear Dr Crockett

Title: How Mothers, with a child nine years or younger, in the Central West of NSW explain their childbearing

Ref No.: 9147

The Executive Committee considered your request dated 23 March 2008 (see attached) to modify the above protocol. The Executive Committee found that there were no ethical objections to the modification/s and therefore recommends approval to proceed.

Chief Investigator / Supervisor’s responsibilities to ensure that:

(1) All serious and unexpected adverse events should be reported to the HREC as soon as possible.

(2) All unforeseen events that might affect continued ethical acceptability of the project should be reported to the HREC as soon as possible.

(3) The HREC must be notified as soon as possible of any changes to the protocol. All changes must be approved by the HREC before continuation of the research project. These include:-

- If any of the investigators change or leave the University.
- Any changes to the Participant Information Statement and/or Consent Form.

(4) All research participants are to be provided with a Participant Information Statement and Consent Form, unless otherwise agreed by the Committee. The Participant Information Statement and Consent Form are to be on University of Sydney letterhead and include the full title of the research project and telephone contacts for the researchers, unless otherwise agreed by the Committee and the following statement must appear on the bottom of the Participant Information Statement. Any person with concerns or complaints about the conduct of a research study can contact the Senior Ethics Officer, University of Sydney, on (02) 9351 4811 (Telephone); (02) 9351 6706 (Facsimile) or gbriody@usyd.edu.au (Email).
(5) Copies of all signed Consent Forms must be retained and made available to the HREC on request.

(6) It is your responsibility to provide a copy of this letter to any internal/external granting agencies if requested.

(7) A report and a copy of any published material should be provided at the completion of the Project.

Yours sincerely

[Signature]

Professor D I Cook
Chairman
Human Research Ethics Committee

cc: Ms Donna Read, The University of Sydney, Faculty of Rural Management, Leeds Parade, PO Box 883, Orange NSW 2800

End:
Modification request dated 23March 08
Participant Information Statement
Letter of Invitation
Participant Response Form
Focus Groups Protocol
Follow-Up Interview Protocol
27 August 2008

Dr. Judith Crockett  
The University of Sydney  
Faculty of Rural Management  
Leeds Parade, PO Box 883  
ORANGE NSW 2800

Dear Dr. Crockett

**Title:** How Mothers, with a child nine years or younger, in the Central West of NSW explain their childbearing

**Ref No:** 05-2006/9147

The Human Research Ethics Committee considered your request dated 29 July 2008 to modify the above protocol at the meeting held on 20 August 2008. The Committee found that there were no ethical objections to the use of the “Orange Occasional Childcare Centre” or covering the cost of childcare for women attending the focus groups and therefore recommends approval to proceed.

**Chief Investigator / Supervisor’s responsibilities to ensure that:**

1. All serious and unexpected adverse events should be reported to the HREC as soon as possible.

2. All unforeseen events that might affect continued ethical acceptability of the project should be reported to the HREC as soon as possible.

3. The HREC must be notified as soon as possible of any changes to the protocol. All changes must be approved by the HREC before continuation of the research project. These include:-
   - If any of the investigators change or leave the University.
   - Any changes to the Participant Information Statement and/or Consent Form.
(4) All research participants are to be provided with a Participant Information Statement and Consent Form, unless otherwise agreed by the Committee. The Participant Information Statement and Consent Form are to be on University of Sydney letterhead and include the full title of the research project and telephone contacts for the researchers, unless otherwise agreed by the Committee and the following statement must appear on the bottom of the Participant Information Statement. Any person with concerns or complaints about the conduct of a research study can contact the Senior Ethics Officer, University of Sydney, on (02) 9351 4811 (Telephone); (02) 9351 6706 (Facsimile) or gbriody@usyd.edu.au (Email).

(5) Copies of all signed Consent Forms must be retained and made available to the HREC on request.

(6) It is your responsibility to provide a copy of this letter to any internal/external granting agencies if requested.

(7) A report and a copy of any published material should be provided at the completion of the Project.

Yours sincerely

[Signature]

Professor D I Cook  
Chairman  
Human Research Ethics Committee

cc: Ms. D. Reed, The University of Sydney, Faculty of Rural Management, Leeds Parade, PO Box 883, ORANGE NSW 2800
Appendix G: University of Sydney ethics policy regarding home interviews

Included here because this no longer appears to be online

By taking the above steps the researcher(s) ensures that participants understand the exact nature of the project have given their fully informed consent to the use of the information recorded. (Reference: Gilbert and Tobin, 1995)

Questionnaires & De-identification

Whenever possible questionnaires should be anonymous. It is necessary to cross-link questionnaire answers to other student performances then it is better to have a research project identifier than to have a generic identifier such as the subject's/participant name or Student I.D. number. If it is necessary to link answers to student performances then only the Student number (without name) should be used. Where access to student records is required, written permission must be obtained from the University Registrar.

Home interviews or research

Only rarely will home visits be acceptable. Firstly there must be a well justified reason for the home visit which is either by the nature of the research or by the requirement of the subjects. In most cases where there are such acceptable reasons the subject should have a friend/chaperone present and so should the researcher. This is to protect both the subject and the researcher from any charge of impropriety.

The following is a guide for a safety protocol:

- There will be no interviewing after dark or before sunrise
- The interviews will be conducted in an open area near domestic housing and on a busy road.
- Students will wear name tags with a University of Sydney [Department's Name] logo.


21/02/2006
• Students will all carry a clipboard with the questionnaires (This is likely to have a protective role by defining the function and giving them an official role).
• Students will be dressed appropriately.
• Students will operate in groups of no less than three.
• One student will always be not interviewing, so that will be able to offer assistance to other students if necessary.
• There will be males and females in each group. (This is not meant to imply that the males will look after the females. It is also possible that the females could have better communication skills which will assist the group if difficulties arise.)
• More than one student in each group will carry a mobile phone.
• A staff member will be available for immediate contact while interviews are being conducted.
• The first two groups to do the interviews will be accompanied by a staff member.
• Experience gained from the initial interviews will be on to subsequent groups.
• Students will practice the interview, the introduction and conclusion, before doing it in the field.
• Students will practice responding to rejections and possible unpleasantness.

Appendix H: Consent form and Participant Information Statements

The University of Sydney
Faculty of Rural Management
Leeds Parade, PO Box 883, Orange NSW 2800 Australia

PARTICIPANT CONSENT FORM

1, .....................................................................................................................
Name (please print)

give consent to my participation in the research project 'Childbearing Decisions of Central West Mothers'.

In giving my consent I acknowledge that:

The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.

I have read the 'Participant Information Statement' and have been given the opportunity to discuss the information and my involvement in the project with the researcher.

I understand that I can withdraw from the study at any time, including during and after the interview. Also that I am under no obligation to answer any question in the interview I do not wish to. I do not have to offer any reasons for my withdrawal or decision not to provide an answer.

I understand that my involvement is strictly confidential and no information about me will be used in any way that reveals my identity (except if the researchers are required by law to disclose information to authorities).

Signed .................................................................

Date .................................................................

Contact Researchers:
Donna Read  Dr Judith Crockett
Tel: 02 6365 7627  Tel: 02 6365 7582
Email: drea4461@mail.usyd.edu.au  Email: jcrockett@csu.edu.au

Anyone with concerns or complaints about the conduct of a research study can contact the Senior Ethics Officer, Ethics Administration, University of Sydney on (02) 9351 4811 or email: gbriody@mail.usyd.edu.au
Thank you for your interest in this project. The following statement is provided to enable you to make an informed decision about taking part in our study.

**What is the study about?** We want to learn more about why mothers, in the Central West of NSW, decide to have children, why they have the number of children that they do and why they have them when they do. We are interested in whether these ‘decisions’ are made through choice or circumstances. We want to hear what mothers have to say about their own personal stories.

**Who is carrying out the study?** The study is being conducted by Donna Read, Post-Graduate Research Student and will form the basis for the degree of Master of Philosophy at the University of Sydney under the supervision of Dr Geoffrey Watson, Senior Lecturer and Dr Judith Crockett, Lecturer.

**What will I be asked to do?** You will be interviewed by Donna. She will ask you to tell her about why you had your children and why you had them when you did. You will be asked what has helped and what has hindered your choices. You will also be asked some questions about yourself and your current circumstances. If you are asked any question you would prefer not to answer you are under no obligation to do so. You do not need to give any reason for not answering a question.

The interview will be arranged at a time and place convenient for you. It can be held at the Orange University campus or at a public venue closer to your home. If you travel to the campus we will reimburse you your travel expenses at 30c per kilometre.

**How much time will the interview take?** It is estimated that the interview will take between one and two hours. However, you may terminate the interview at anytime without giving a reason.

**Can I withdraw from the study?** Yes you may withdraw at any time, this includes during and after the interview. Your participation in this study is completely voluntary at all times. There is no need for you to give any reasons for not wishing to carry on.
Will anyone else know the results? All aspects of the study, including the results, will be strictly confidential and only the researchers will have access to information provided by participants (except if required by law). A thesis will be prepared and aspects of the study will be submitted for publication in professional journals, but individual participants will not be identifiable in these publications.

What will I get out of taking part? You will get to tell your story. The study will add to the body of information that policy makers can draw upon and may influence family policy of future governments.

We cannot compensate you for your time but if you travel to the University Campus we can pay your travel expenses.

Can I tell other people about the study? Yes you may tell anyone you like about the study. In fact if you know of other mothers with a child nine years or younger that may be interested in taking part please pass on our details and ask them to contact us.

What if I require further information? When you have read this information, Donna Read will discuss it with you further and answer any questions that you may have. If you would like to know more at any stage please feel free to contact

Donna Read
Postgraduate Research Student
Tel: (02) 6365 7772
Email: drea4461@mail.usyd.edu.au

Dr Judith Crockett
Lecturer in Management and Sustainability
Tel: (02) 6365 7582
Email: Jcrockett@csu.edu.au

Anyone with concerns or complaints regarding the conduct of a research study can contact the Senior Ethics Officer, Ethics Administration, University of Sydney on (02) 9351 4811 or email: gbriody@mail.usyd.edu.au

This information sheet is for you to keep
PARTICIPANT INFORMATION STATEMENT
Thank you for your interest in this project. The following statement is provided to enable you to make an informed decision about taking part in our study.

What is the study about? We want to learn more about the level of choice mothers in the Central West of NSW, think they have about whether to have children, how many children to have and when to have them. We also want to hear what mothers have to say about their own personal stories.

Who is carrying out the study? The study is being conducted by Donna Read, Post-Graduate Research Student and will form the basis of the degree of Doctor of Philosophy at the University of Sydney under the supervision of Dr Judith Crockett and Dr Robyn Mason (Charles Sturt University).

What will I be asked to do? You are invited to attend a group discussion (focus group) with other mothers. The groups will be held in Orange at a convenient venue and times suitable to the largest number of participants. As a group you be asked to talk about what motivates women to have children. This will be particularly in regard to the expectations you think the community has of women and childbearing, and the influence of biological factors. Audio-recordings will be made of the focus groups and Donna will make transcripts from these with identifying names removed. No one else will hear the recordings.

You will also be invited to take part in an interview about how the issues discussed in the focus group relate to your own situation. If you accept the invitation you may choose a face-to-face interview or a telephone interview. Donna will conduct the interviews. Face-to-face interviews will be held on the Orange University campus at a time convenient for you. If there is any question you would prefer not to answer you are under no obligation to do so. You do not need to give any reason for not answering a question.

How much time will the focus group and interview take? It is estimated that the focus group will take about 2 hours (plus time for refreshments) and an interview around one and a half hours.

Can I withdraw from the study? Yes you may withdraw at any time, this includes during and after the focus group or interview. Your participation in this study is completely voluntary at all times. There is no need for you to give any reasons for not wishing to carry on.
Will anyone else know the results? It is anticipated the focus group will consist of six to eight participants. We therefore cannot guarantee confidentiality in this situation. As a result we strongly suggest that you do not divulge personal information that you would like to be kept confidential. Interviews, on the other hand will be strictly confidential and only the researchers will have access to information provided by participants (except if required by law). A thesis will be prepared and aspects of the study will be submitted for publication in professional journals using the results, but individual participants will not be identifiable in these publications.

What will I get out of taking part? You will get to tell your story. The study will add to the body of information that policy makers can draw upon and may influence family policy of future governments.

Although we cannot compensate you for your time we will be providing a meal or refreshments (suitable for the time of day) at the focus groups. We can also pay travel expenses to the University Campus, at the rate of 30c per kilometre.

Can I tell other people about the study? Yes you may tell anyone you like about the study. In fact, if you know of other mothers with a child nine years or younger that may be interested in taking part please pass on our details and ask them to contact us.

What if I require further information? When you have read this information, Donna Read will discuss it with you further and answer any questions that you may have.

If you would like to know more at any stage please feel free to contact

Donna Read  Dr Judith Crockett
Postgraduate Research Student  Lecturer in Management and
Tel: (02) 6365 7627  Sustainability
Email: drea4461@mail.usyd.edu.au  Tel: (02) 6365 7582
Email: jcrockett@csu.edu.au

Anyone with concerns or complaints regarding the conduct of a research study can contact the Senior Ethics Officer, Ethics Administration, University of Sydney on (02) 9351 4811 or email: gbriody@mail.usyd.edu.au
This information sheet is for you to keep

“It was a horrible shock”: The experience of motherhood and women's family size preferences. Women's Studies International Forum, 35, 12-21.

Abstract:
Women’s capacity to have children has often been manipulated to suit a particular state agenda, neglecting women’s interests. We report on qualitative research from regional Australia in which 26 women with children participated. The findings support the view that motherhood within a nuclear family context may threaten the well-being of women who lack external support. The women’s narratives of their experience of motherhood were frequently of “shock” and struggle. They tended to prioritise their children’s well-being (in keeping with the “good mother” ideal) but some identified their own needs as important and recognised their need for support. The struggle participants experienced and the negotiations they underwent to preserve their own well-being was suggestive of the oppressive power of motherhood but also of their agency. We conclude that meeting the challenges of providing adequate information and support for women in regard to childbearing are pivotal in overcoming oppression associated with motherhood.

Keywords:
childbearing agency, feminist citizenship, good mother, qualitative research, well-being, women’s fertility

Introduction
The pronatalist message of “populate or perish” has been a common theme running through much of Australia’s history since European settlement (Krupinski 1984; Lake, 1993; Flannery 1994; Howe & Swain, 1994). To meet this agenda “respectable” women (i.e. white, middle-class, heterosexual and preferably married (Howe & Swain, 1994; Burns, 2000; Farrell, 2001)) have been viewed as producers of babies for the benefit of the nation (Lake, 1993); this is still true in the 21st century. In 2004, the Australian Federal Treasurer, Peter Costello, encouraged women to have more children by asking them to have “one for the mother, one for the father and one for the country” and instructed them to “go home and do your patriotic duty tonight” (Costello, 2004). He compensated women who did their ‘duty’ with a lump sum Maternity Payment (known popularly as the Baby Bonus) on the birth of each child ($3000 in 2004 rising to $5000 in 2008). With Australia’s total fertility rate (TFR) lower than thought judicious because a large cohort of “baby boomers” was approaching retirement, the government feared a diminishing tax base and wanted population increase to drive economic growth (Commonwealth of Australia, 2010). Hence more babies were required as the answer to the problem of an ageing population but this kind of pronatalism has long been associated with double-standards (Yuval-Davis, 1996). In Australia and internationally, unmarried (Burns, 2000; Harris, 2004), teenage (Harris, 2004; Save the Children, 2009), non-white (Amos & Parmar, 1984; Goodall, 1990; Young, 1997; Auja, 2000; Moreton-Robinson, 2000; Paisley, 2000), working-class (Goodall, 1990; Burns, 2000; Summers, 2002) and lesbian (Rich, 1986; Millbank, 1997) women, for example, have been regarded as unfit for childbearing. Such views persist. It is notable that the Baby Bonus has been criticised for encouraging the ‘wrong’ sort of women
(particularly teenage and Aboriginal women) to have children purely for the money (for example: Silmalis, 2004; Castello, 2007; ABC News, 2008).

The advocacy of increased fertility fails to take into account environmental issues (including international concerns about global warming). The size of the population that Australia can sustainably support has also been an ongoing debate and commentators have called for it to be limited (for example: Flannery, 1994; Hamilton, 2002). Australia’s population was recently forecast to rise to 35.9 million by 2050 (Commonwealth of Australia, 2010), an increase of approximately 60 percent. This prompted an escalation of the debate around what constitutes a sustainable Australian population (for example: Carr, 2010; Gluyas & Hepworth, 2010; Meredith, 2010; Smith, 2010). The debate has mainly concerned the numbers of migrants but there have also been calls for women to limit their childbearing (Gordon, 2010). In contrast, previously migration had been dismissed as a solution to ageing population concerns (Kippen & McDonald, 2004). While the pronatalism of the economic rationalists reinforces the stereotyping of (some) women as baby producers (Summers, 2004), neither side of the population debate takes into account women’s interests.

It is in the context of what is best for the nation or the environment that explanations for women’s childbearing behaviour have been sought. It would appear, therefore, that the purpose behind understanding women’s fertility is so it may be manipulated to suit the state. McDonald, for example, talks about finding “a solution to low fertility” (McDonald, 2006 p.495). Economic interests mean that low fertility rates, in developed countries such as Australia, have given rise to a large literature and a plethora of fertility theories. For example, economic rationalism (Leibenstein, 1974; Becker, 1991), workforce participation preferences (Hakim, 2003), contemporary lifestyles (van da Kaa, 1987; 2001), and gender inequity within parenthood (McDonald, 2000) have been suggested as explanations. The tendency for women to stop at one or two children, rather than not having any children, is seen as the main reason for low fertility (Kippen, 2006). Smaller family size has been associated with delayed marriage, delayed childbearing after marriage, long gaps between children (Bongaarts & Potter, 1983); inadequate financial support for families through the tax and welfare systems (McDonald, 2006) and difficulty in combining work and family (Weston & Qu, 2004; McDonald, 2000; Adema & Whiteford, 2008). Normative pressures are also believed to influence family size (Ory, 1978; Udry, 1982; Thomson & Goldman, 1987; Blake, 1994; Gillespie, 2000); therefore the preponderance of smaller families encourages their occurrence. Whatever the explanation, it is recognised that family size preference is not static: Australians routinely re-evaluate how many children they will have (Newman, 2004; Qu & Weston, 2004). It is difficult to assess the relative merits of any of these explanations given that women’s actual experiences of motherhood appear to be neglected in explanations of women’s childbearing decisions.

In reality women’s childbearing behaviour is the result of a complex set of negotiations with many influences. For example, women are socialised to be mothers and undertake child raising responsibilities (Dinnerstein, 1976; Chodorow, 1978) and typically are led to believe that children will bring them happiness (Gilbert, 2007). On the other hand, parenthood has been associated with depression (Evenson & Simon, 2005) and motherhood imposes a cost on earnings and career status (Baker, 2005).
Furthermore, when most women have children they have an interest in the well-being and development of those children (Ruddick, 1983) and because they have an ethic-of-care (Gilligan, 1982) they want to be “good mothers”. The good mother ideal perpetuated in Western societies requires women to always be available to their children and to see to the needs of their children at the expense of their own. Women are expected to be able to do this naturally, willingly and largely unaided (Wearing, 1984; Richards, 1997; Lupton & Schmied, 2002; Newman, 2009).

Precisely how “natural” maternal nurturing is has been a point of contention within feminism. For example, Rossi (1977) argues that the biological phenomena that women undergo through pregnancy, childbirth and lactation underpin their nurturing role. Conversely, Badinter (1981) claims maternal love and the good mother ideal were inventions of the modern world, part of patriarchal society designed to keep women “in their place”. Indeed whether or not maternal love is socially constructed or natural, Oakley (2005) suggests that maternal love makes the oppression of women possible. Within second-wave feminism the nuclear family and motherhood were therefore viewed as sources of women’s oppression (Millet, 1971; Firestone, 1979; Rich, 1986; Walby, 1990). The interpretation of motherhood and family as institutions of oppression has been criticised and deemed a narrow, mostly white, middle-class perspective alienating many women from the feminist cause. Many women (for example: working-class (Humphries cited in Walby, 1989), rural women (Alston, 1995) Australian Aboriginal women (Moreton-Robinson, 2000; Paisley, 2000; Eveline, 2001) and women from other non-White backgrounds (hooks, 1984; Eveline, 2001; Stephan, 2010)) view the family as a source of support and power rather than oppression and the nuclear family structure may not apply. Indeed bell hooks argues that the family provides refuge from the oppression of racism and “stressful, degrading and dehumanising” work done outside the home (hooks, 1984 p.134). By contrast, Arlie Hochschild (1997) has argued that work can act as a refuge from the family.

This paper provides insights into women’s experience of motherhood and how that experience affects family size preference. We present findings from a qualitative study which supports the idea that women’s family size preferences are fluid. We argue that family size preference finally depends upon how well women perceive they are coping with the children they have. While this research looked at the experience of women with children, this in no way is meant to suggest that all women should be mothers. Rather, it is an acknowledgement that most Australian women will have at least one child and that their voices need to be heard. A primary motivation for undertaking the work was to understand how women came to be mothers and have the number of children that they do, and in doing so, improve women’s abilities to make fertility decisions that promote their interests.

Methodology
A qualitative approach was used in order to gain insights into women’s perceptions of how they negotiated the complexity of choices and constraints they faced when having a family. This research was conducted in the regional Australian city of Orange in the Central West of New South Wales, population around 38,000. Participants were women with at least one child of 9 years of age or younger who lived within an 80km radius of Orange. Recruitment of volunteers was predominantly achieved through advertising in public school newsletters within
Orange and other towns in the area. The recruitment strategy gave access to a broad cross section of women with children from a diversity of socioeconomic backgrounds and urban, semi-rural and rural locations.

Data was gathered from a total of 26 women in three phases comprising semi-structured interviews, focus groups and follow up interviews. Table 1 outlines the number of participants in each phase. In the first phase, the semi-structured interviews were designed to find out how women came to have the number of children that they did. The primary focus was on ascertaining the influences on the women’s childbearing decisions, particularly the importance of choice and external circumstances. In the second phase, the focus groups continued to explore the themes raised in the initial interviews but with a greater concentration on the women’s perceptions of social norms and pressures and a biological drive to have children. The semi-structured interviews in the third phase covered similar ground to the focus groups but was aimed at understanding the personal experience of the women.

Table 1: Participants in the different phases of the research

<table>
<thead>
<tr>
<th>Phase</th>
<th>Data collection period</th>
<th>Data collection method</th>
<th>Number of participants</th>
<th>Explanatory notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>August 2006 to February 2008</td>
<td>Semi-structured interviews</td>
<td>23</td>
<td>All participants from the first phase were invited by letter or email to take part in phases two and three. Thirteen agreed to take part but one failed to attend the focus groups and made no further contact. This was taken to mean she had withdrawn from the research.</td>
</tr>
<tr>
<td>Phase 2</td>
<td>August 2008</td>
<td>Focus groups (3 groups comprising 5, 3 and 3 participants respectively)</td>
<td>11</td>
<td>Eight continuing from first phase plus three new participants recruited via ‘snowballing’ (i.e. via the existing participants)</td>
</tr>
<tr>
<td>Phase 3</td>
<td>October to December 2008</td>
<td>Semi-structured interviews</td>
<td>15</td>
<td>All participants continuing from second phase plus four from first phase that were unable to take part because unsuitability of time or because of illness (either their own or one of their children’s).</td>
</tr>
</tbody>
</table>

At the time of first participation the women had between one and six children and the age of their youngest child ranged from 12 weeks to 8 years. The age at which the women had their first child ranged from 21 to 42 years. All of the women’s partners were male and in paid work (one later became a full-time father). Briefly, the sample consisted of women who:
were full-time mothers (6), on maternity leave (2), part-time employed (10), full-time employed (4) or self-employed (4); had no post-school qualifications (7), post-school qualifications below degree level (4), a bachelor degree (8) or postgraduate degree (7); were in a family with a net income per week of: $1201 or more (13), $501-$1200 (11) or $500 or less (2); were married (20), in a de facto relationship (4) or separated from their partner (2); and had a range of religious beliefs (Anglican (5), Catholic (6), other Christian faith (5), other religion (3) or had no religion (7)).

The women were also, to the best of our knowledge, of white European descent (hence broadly speaking fitted the hegemonic definition as “suitable reproducers”). When compared to data from the 2006 census (ABS, 2007) these women are reasonably representative of women in the Orange area (the vast majority of the population being white European) aged between 25 to 44 years old, apart from having higher levels of qualifications. This bias is likely to have implications for their perception of the choices they can make and constraints they are subjected to, particularly at the nexus of workforce participation and motherhood.

Analysis was predominantly thematic, which entailed looking for common themes within the data (Patton, 1990; Ryan & Bernard, 2000). Additionally, content analysis using themes derived from the literature (Ryan, & Bernard, 2000; Ezzy, 2002) was employed to mine the data for responses that supported or refuted previous findings. For ease of discussion the data collected at the interviews and focus groups has been amalgamated; the quotes given below are from interviews except where indicated. To protect the privacy of the women who took part in the research pseudonyms are used and names of family members and other identifiers have been removed from quotes.

**Findings**

*Fluidity of family size preferences*

The women varied in whether or not they could identify an ideal family size and most did not end up wanting this number of children. A clear idea of an ideal family size was expressed by 15 participants; the remainder were vague about the number of children they wanted. Only one participant appeared to have a strong unwavering idea of how many children she wanted. Mostly, the revision of the number of children wanted was downwards. Only one participant later wanted more children than she had when she had her first child. Moreover, the tenuous nature of family ideals was indicated by Gemma who said “I think I would like to have had like four. But, you know, rather than that being like a plan – it’s a dream, it’s a whim”. Eight participants could only identify a range; for example Irene said “we are definitely having two up to four”. Three participants found it impossible to define their ideal family size. Penny just knew she wanted “more than one”. Further evidence of the fluidity of the women’s preferences is provided by four of the seven women who were hoping to have more children but were undecided about how many more and three additional women who were undecided about whether or not to have another child at the time of taking part in the study. Furthermore, three participants had thought they did not want children when they were younger; all planned their children. Participants’ family size preferences were influenced by their childhood experiences.
experiences (Read, Crockett & Watson, 2007) and social discourse around family size.

The “shock” of motherhood

Most of the participants commented on how different motherhood was from what they had been expecting. Claudia, for example, said “I think I’ve found the reality of being a mother is a lot different to what I imagined it would be like. I had this ideal in my head”. Only four of the women, Maria, Vera, Faye and Amy, did not make such an observation. As there was not a direct question on the subject it is unknown whether they agreed or disagreed. “Shock” was commonly used by the participants to express their reaction to motherhood. At the first focus group Elaine said “it was a horrible shock” and Claudia said “…being a first time mum, it was a rude shock to me, like, I had no idea what to expect”. Gemma provided an insight into why she was shocked: “I think when you first have them, for me I was shocked, I was shocked at the 24/7 aspect of it. I hadn’t even considered that, so I felt quite powerless at the start”. Similarly, Lara felt “totally unprepared” for how hard she found motherhood and confessed:

I really struggled with the first twelve months with [first child] because I thought it wasn’t what I expected. It was full-on. It never stopped. I swear every time [ex-partner] walked out the door he cried until [ex-partner] walked back in the door, which was probably a result of my anxiety. And I just hated it, I hated the first twelve months because I was unprepared for it. I didn’t know what to expect. I couldn’t get it. Like I used to be an organised person and I couldn’t get over the fact that between dirty nappies and one load of washing and his crying, it was dinner time and I hadn’t even washed-up from breaky or anything, you know what I mean. I was just devastated and he had reflux and he vomited from here to there to everywhere, so. And I didn’t know what I was doing, again I was totally clueless.

Sometimes they just had not known what to expect. Sonya explained: “And you don’t know, you’re a first time Mum, you don’t know that nipple bleeding is not normal”. Zola had not anticipated how much her life would change. She said: “I didn’t really how much it would be altered”. Only Dawn said she found bearing and looking after children easier and more enjoyable than she had imagined, whereas 21 participants made comments about how difficult motherhood was. They related stories of sleepless nights, colic and behavioural and learning problems. Sonya described the first eight weeks of her child’s life as “an absolute nightmare” because of the difficulties she had breastfeeding, the child “screaming 15 hours a day” and not sleeping. Yvonne also described her experience as a “nightmare”. She said:

We had a bit of a baptism with fire with [child] because I had gestational diabetes, which was no particular problem, I just had to watch what I ate and then he was born 6 weeks early, he was prem and he had really bad reflux which went undiagnosed for 5 months. So it was a bit of a nightmare. And he was a really strong willed child. He used to do the hold the breath, pass-out sort of thing, from about day two of when he was born. Yeah, so there was a period of time then when we sat there and went ‘thank god it is only one’. Yeah it took a while to get over that.

Why were the participants’ expectations of motherhood so different from what they experienced in reality?

The participants thought it was not possible to understand what motherhood was really like until they had done it (this included both positive and negative aspects). They indicated that social discourse tended to focus on positive aspects of
motherhood which provided women with false impressions and expectations. The tendency for social discourse to focus on positive aspects of motherhood was discussed in all focus groups. The media portrayal of celebrity mothers was seen as giving women unrealistic ideas of what motherhood was like. Wanda said: “You see all these celebrity families with all their perfect children and that; it sort of gives unreal expectations.” Some of the women commented on the lack of discussion about what being a mother was really like. Zola was surprised friends who had had children had not warned her. She said: “I remember ringing this friend and saying, why didn’t you tell me how hard this is?” Anita was asked if she thought women were making an informed decision when having a child. She replied: No, for goodness sake you wouldn’t do it…Well you wouldn’t would you? Now here, you’re just going to throw up for 3 months, have a little bit of a blissful period, you might have some stretch marks, you’re going to have indigestion, you’re going to go through this awful, awful pain and a baby will emerge…that’s totally dependent, no sleep, your life will change and it’s all about them, nothing about you for quite a long time.

Similarly, Wanda said:
There’s a lot of things about motherhood that, that they don’t tell you before hand and that come as a shock but whether, if women knew everything about it before hand, they would be so keen to go into it. So maybe it’s a good idea not to tell them all the downsides – only the good sides.

The lack of contact and experience with young children or babies before they had had their own was identified by participants as contributing to motherhood coming as a horrible shock. Elaine spoke of what it was like in her own family:
I had no contact with babies my entire life, I never grew up with my cousins, I hardly ever saw them. So, because the family was so widespread…without that contact…holding my own child the first time you know was like, my god, I’ve got a baby what am I going to do with it?

Similarly, Claudia said: “I had just not been around kids since I was a kid, and I feel like I was lucky, I was just out of my depth and everything was a struggle.” Whatever the reasons for motherhood coming as a shock, it is clear that the participants found the transition to motherhood difficult and their well-being was undermined.

Changing family size preference
As the women gained firsthand experience of motherhood, their perception of what they could cope with became the basis of how many children they wanted. Their conclusion about how big their family should be was based on their perceptions of what their existing children needed and their ability to provide those needs. Gemma put this succinctly: “I remember our decision on not going to have a third child was very much we thought it’s going to affect our ability to parent our other two.” And Olga explained: “Sometimes I think it would have been nice to have four but then other times I think well it just wouldn’t be practical and I just probably wouldn’t have the energy to cope with four.” Flexibility around numbers allowed the women to assess their ability to support a new baby in addition to their existing children. No subsequent children were wanted if they did not feel they were coping well with the situation.
The women’s circumstances affected their perception of their ability to provide what their children needed, with having enough money, time and energy emerging as common themes. Kay, for example, said: “I believe that if you physically, or monetary wise, or emotionally, can’t cope with any more children, you shouldn’t have them.” Sonya believed that she needed “stability both physically and mentally” and to be “in a good emotional, mental state” to have children. Amongst the women, failed relationships, not partnering earlier in their reproductive years, having a partner with a medical condition, difficult to handle children, postnatal depression, unplanned pregnancies and fertility problems, all contributed towards changed childbearing intentions. June had not wanted children until she was 42 and had several terminations; she was asked what had led her to have her child. She replied: “A stable relationship, and self-employed, cash flow, and the confidence that I had the ability to support the child through its growth and development, through all its needs”.

Financial considerations were mentioned by 20 participants as a factor in their decision making and the longer term financial implications of having children were mentioned as a concern by nine participants. Nancy, for example, explained her thinking in having two children: “Two would be the about the right number to get them through high school and university without too many dramas, to give them other opportunities we didn’t have as children”. The participants’ perceptions of the interrelated physical, psychological and financial demands of raising children influenced their later childbearing decisions. Strategies were employed to preserve as best as they could their own well-being and that of existing children. However, expectations around being a mother, and workforce participation and the support they could draw on to assist them with the demands of raising children played into their perceptions.

**Motherhood ideology**

The participants’ perception of how they should behave as a mother affected their perception of the number of children they could cope with. Comments that suggested their lives were organised around their children were made by 22 participants. Other commitments, particularly work, had to fit in with their obligation to their children; the children came first. For example, Anita said:

I’ve certainly changed my whole career to fit around my children…I work casually because I don’t want to put my children into childcare. I only work when my husband is available to look after them. But the children come first. That’s understood at my work. It took a long time for them to come to terms with that. Absolutely, my work and my study is geared around my children.

Similarly Beryl, Claudia and Faye respectively asserted: “his needs are my priority”, “her needs come before mine” and “they’re the centre of our life”. The women perceived that they needed to invest time and energy in their children, be involved in their schooling and volunteer in the community (especially their children’s school community). Zola explained:

…you have to be emotionally available and you have to cart them here, there and everywhere for all the different things they are expected to do. And they start doing homework from the moment they walk into school and there’s just a lot more input that parents are expected to have. And it’s quite overwhelming, I think. And I think I’m actually very glad I’ve only got two kids now but I have a friend who has four
and she says “oh why did we have four it’s just too much, I can’t concentrate enough on each one of them to feel that I’m doing enough for them”.
The pressure to prioritise their children’s needs contributed to the women’s struggle. Chris, for example, recognised that the standards she set for her caring for her two children may have made her life difficult and contributed to her not wanting further additions to her family:
I don’t know if I made it harder for myself in the way that I chose to do my parenting of infants. Like I tried to hold them a lot and we slept with them and I breastfed and was happy to breastfeed all night and stuff like that and so it really is burn out.
Even when the participants spoke about taking care of their own needs they rationalised their behaviour by concluding it would improve them as mothers. Penny illustrated this most clearly:
I came to realise that I would be a better mother if I hung onto something of myself. I had been giving away everything that made me, me. I felt that I should be going without but making sure they had everything – I never thought my partner should be going without. I stopped having my hair done. I didn’t worry about what I was wearing, buying new clothes, or putting on make-up. I couldn’t keep giving away bits of me. It is only just recently I have realised that I needed to claim something back for myself.
To these women, seeing themselves as a good mother necessitated looking after their own well-being in addition to their children’s.

Support networks
The importance of support networks in helping women cope with their children was acknowledged by all participants. Networks provided moral and/or practical support for these women; both were important. Olga felt friends helped her by:
…being able to discuss, you know, any problems or [pause] and plus it’s good for the children too, to have, you know, friends of the same age that they could sort of interact with.
Hilary felt she could rely on more practical help:
You can ring up at anytime, at a moment’s notice, here can you have the kids…if you don’t have that kind of support you can’t have as many kids.

Around half of the women felt that they lacked people to call upon for support and four of the women felt that had contributed to them having fewer children than they would have liked. There was a perception among almost half of the women that there was a lack of community support. Chris, who felt that lack of practical support constrained her choice to have another child, said:
I feel like society doesn’t support women to do the early mothering of babies properly. Like we are taught to do “cry-it-out” methods of teaching sleep because it is quick and convenient and everyone can get back to work. Whereas I feel like the proper support is actually to have people in the house that can help you while you’re sleepless and that sort of stuff.
Sonya was particularly concerned about a lack of support services in Orange and Renee considered that the support available to new mothers was not advertised well enough:
You know they always say if you need help with this, if you need help with that, don’t hesitate to ask – but then who do you ask and if you are a little bit stubborn, as I was, then you know actually, having to divulge that you’re not coping or that you
don’t feel so well physically – when there are millions of other parents that get out there and do it anyway.

Sonya believed a support service like that she had been able to access in Sydney (a three and a half to four hour drive from Orange) was urgently needed. She had been referred to the family health organisation, “Tresillian”, for advice about the difficulties she was having with breastfeeding and settling her baby. Sonya said about her experience:

An excellent resource but you have to go to Sydney...you know they ring and they say you have got to be here tomorrow and if you can’t go tomorrow then you almost, you lose your place. And I was just lucky enough – she was only seven weeks old – that my husband could take the time off work on that day and drive me down there. I wouldn’t have been confident in driving down there with [child] – because she just never slept – down there by myself.

Rural and regional women are then at a disadvantage compared to women living within major Australian cities where services tend to be concentrated. Distance constitutes a barrier to accessing support that some women in regional and rural Australia may find hard to overcome.

_Workforce participation_

Workforce participation was also affected by the women’s perceptions of what was best for them and their children. Participants that were (or had been) full-time mothers spoke about their position as a choice they had taken in order to provide their children with the care they believed they needed. Penny, for example said:

I kept saying I would go back but I realised that is not what I wanted to do. I wasn’t prepared for the strong maternal pull and I soon realised that I couldn’t let him be cared for by someone else – not even family. I couldn’t allow him to be cared for by others and I wasn’t there if he hurt himself, or if he needed attention, but there were two or three other little boys all needing attention ahead of him.

Similarly Zola, who did a small amount of self-employed work at home, considered that she and others expected her to work; ‘just’ being a mother was not seen as enough:

When I first had my daughter, who was my first child, I felt an enormous pressure to go back to work. Not only from myself, not really from my husband, but it was definitely from me but from my mother-in-law… I thought, no actually I think it’s really – for me, for my family – it is really important that I stay home and try to be a sane mother and I actually quite liked it.

Full-time mother Trish would have preferred to work part-time but said:

I really want to do right by my children. When you have kids you know, it is a real commitment…Somehow I couldn’t have then gone off to work and left them in childcare. I could have left them with my husband, if he had been willing to work part-time, maybe even grandparents if they had been close by, but they’re not, so that wasn’t an option.

Unsurprisingly, participation in the workforce of course contributed to participants being able to manage financially. However, six participants felt that they needed to undertake more paid employment (either at the time of interview or at sometime in the past) than they would have liked. This had a flow on effect as these participants also reported not having as much time to spend with their children as they would have liked or enough time for themselves. Beryl, working full-time, was undecided whether to have a second child:
I want to have enough time to be there for the baby. Yes, all the attention and everything. I want to be there for the two of them. I not sure, ’cause at the moment I work and then I’m at home and I’m quite worn out. The weekend is sort of recharge time…I come home from work…you do your chores and I still want to have time for [child] and that is quite important for me. So I think to myself now, if I have another one I wonder to myself will I still have enough energy to be there for them. Whereas if I wouldn’t work full-time I might have more time for them, which I think is important. So that’s one thing that at the moment might stop me from having another.

On the other hand, work in some cases contributed to psychologically coping. Claudia told one of the focus groups:

There was one year when I was just working part-time and I ended up sending my partner absolutely batty…because I was working a really mind-numbing job and then I’d just have [child] and I would come home and he would come home and I’d be like “oh an adult to talk to who’s intelligent and discusses things” and I found that it is really important to have that outside something. And now I would go batty if I was at home the whole time.

And Wanda told the same focus group: “Sometimes, after a weekend or something you think ‘ah good, I can get back to the office for some peace and quiet’”. Hilary thought it was important to “get out and have some grown up perspective. And I think it would make me a much better mother”. Elaine said: “My kids drove me insane, so that was like another reason for going back to work full-time”. For Gemma, her sense of well-being was connected to her perception of independence: “It’s really important to be earning your own money and to have economic independence.”

For participants that wanted to be in paid employment nearly all saw part-time work as the best option. Conversely, all the self-employed women, regardless of the numbers of hours they worked, believed self-employment helped them to manage. Therefore the number of hours worked per se may not be important to the perception of coping: the degree of flexibility and control that women had in regard to the hours they work were probably more important.

**Discussion**

Overall the women’s childbearing intentions and behaviour reflected complex negotiations that took into account the reality of their experiences and circumstances. Indeed, the general flexibility of the women’s family-size preferences indicated their need to negotiate. Nevertheless, the tendency for family-size preferences to be revised down, rather than up, was evidence that motherhood failed to live up to expectations. Ultimately, the number of children wanted related to the women’s experience and their perception of coping. Newman also finds that experience (Newman, 2008) and confidence in parenting ability (Newman, 2009) affects how many children women want to have. Women in Newman’s study focused on negative aspects of childbearing and raising before they had their own children (Newman, 2008) whereas, in contrast, women in this study had focused on the positive aspects. Evans, Barbato, Bettini, Gray & Kippen, (2009) also concluded that parents assessed their capacity to cope when considering a third child. The women’s experiences of motherhood, therefore, appeared to be a greater influence on family size than cultural influences, a finding in common with previous studies (Mauthner, 1999; Maher & Saugeres, 2007). This is not to deny socialisation played an important part in
childbearing outcomes. However, preference refinement continued after the women became mothers.

It is clear from the data presented that the women’s experience of motherhood was generally not what they had anticipated. Most participants did not naturally and effortlessly slip into motherhood; instead it came as a shock. This concurs with previous research that identified a mismatch between women’s expectations and the reality of motherhood (Woollett & Phoenix; 1991; Oakley, 2005). These findings also reinforce the view that women frequently do not experience motherhood as an overwhelmingly positive experience (Arendell, 2000; Shelton & Johnson, 2006). In this study, the women’s narratives frequently suggested motherhood was a threat to their mental health.

The shock experienced when becoming a mother was explained by participants to be due to: an inability to understand what motherhood would be like without first-hand experience, lack of prior contact with babies and young children and being misled about (or not told) about motherhood. Macken (2005) previously suggested women fail to anticipate the realities of motherhood because of a lack of personal experience with babies and young children. She contends that there is plenty of information available but that it is difficult to communicate to childless women the experience of motherhood. Macken may be right; this failure has been going on for some time. Women in 1970s London also used the same “language of shock” to describe their reaction to motherhood (Oakley, 2005, p.120). However, Macken, similar to Wanda, wonders whether it is “wise” to tell young women the truth (2005, p.145). This suggests there is lack of honesty in the way women talk about motherhood perpetuating the socialisation myths that it only brings happiness and comes naturally. Indeed, there may be a psychological propensity to do so. Mentally healthy individuals tend to focus on positive aspects of past, present or imagined future experiences (Taylor & Brown, 1988; Gilbert, 2007). This clearly could be a circular argument because the propensity may also be socially learned. Nevertheless, this means that young women are probably given an overly optimistic view of motherhood that detracts from their ability to make well informed fertility decisions, thereby contributing to their disempowerment.

An overly optimistic view of motherhood and the good mother ideal that expects motherhood to be instinctual probably contributed to the “shock” the participants experienced and influenced their childbearing plans. A more realistic idea of motherhood may have helped psychologically. Women frequently expect mothering skills to be instinctive and effortless (Lupton, 2000; Weston & Qu, 2008). The expectation of being innately able to cope is likely to lead women to think they should easily be able to assume the conflicting demands of motherhood and their other roles such as wife and worker. Feelings of inadequacy can ensue when women struggle to cope with the myriad of roles they are expected to excel at (Choi, Henshaw, Baker & Tree, 2005). Indeed, Mauthner (1999) argues because of high expectations of coping abilities women may initially over-estimate the number of children they want. The findings of this study fits with this proposition.

While the women’s ethic of care extended to self-care (in keeping with Gilligan’s (1982) supposition), self-care was secondary to child-care because of the level of responsibility they felt. Whether or not the degree of self-sacrifice amounted to
oppression is not clear. On the one hand, the risk to well-being (especially mental health) and self-abnegation supports the argument of motherhood and family structure as oppressive. On the other hand, participants were not just passive victims. They were able to employ strategies (including working, not working and having fewer children) to preserve their own well-being (and that of their children). Which strategies were best were reconsidered in the light of experience. The findings therefore lead us to agree with Hochschild (1997) that workforce participation can provide women with children much needed relief. We also concur with Gerson’s (1985) conclusion that, as circumstances change and unanticipated opportunities and difficulties arise, women continually reassess decisions around childbearing, childrearing and work, a phenomenon which she associated with agency. In this study evidence of agency may be associated with the women’s experience eventually having a greater influence than socialisation on desired family size. Nevertheless, the women were attempting to accommodate their rights (reproductive and personal well-being rights) and responsibilities to others (most notably their children). By balancing rights and responsibilities the women were augmenting their status as citizens, in a way that reflects a feminist model of citizenship (O’Connor, Oloff & Shaver, 1999). Hence their effort was indicative of their struggle to achieve full citizenship status.

The women also perceived that a lack of public and private support made their experience of motherhood difficult and influenced their childbearing intentions. Many of the participants were looking for a greater level of support to assist with their child raising responsibilities. This finding agrees with previous research that family size is influenced by the amount of social support perceived as being available (Newman, 2009). In this study family, public services and the community failed to meet all the participants’ support needs. Potentially, infrastructure that promotes community interaction and support for families (as discussed by Williams & Pocock, 2009) may help to address a lack of extended family contact. The importance and the lack of adequate support in the public and private domains and the need for greater community connections for families have been points of discussion in Australia in recent years (for example: McDonald, 2000; Newman, 2008; Edwards, et al., 2009). This study highlights the view that lack of support may be more acutely felt by women in regional and rural areas of Australia than those in major cities because of the geographical distance from services and family in our large country (see also Alston, Dietsch, Davies, Shackleton & McLeod, 2009).

We are mindful that our research includes only a narrow section of Australian society. Women from other races (including Australian Aboriginal women) and other lifestyles may live within alternative family structures and therefore may view the family differently (Amos & Parmer, 1984; hooks, 1984; Teghtsoonian, 1997; Young, 1997; Moreton-Robinson, 2000: Paisley, 2000; Stephan, 2010). Their concomitant needs for support and their experience of motherhood may therefore differ from the women in our study. Indeed, as an example, migrant women with limited English have been found to be in greater need of support than women born in Australia (Bandyopadhyay, Small, Watson & Brown, 2010). We recognise and respect that not all women and children live in the archetypal nuclear family.

**Conclusion**
This paper has reported research that reinforces earlier studies that depict the struggle that many women face when having a child. Motherhood came as a horrible shock to the women in this study; they felt misled and under supported. This meant that the women tended to want fewer children once they had children of their own. We contend this downwards revision should not necessarily be interpreted as their childbearing preferences being constrained. Prior to having children the women had an insufficient basis for their preferences. Furthermore, many expected to make adjustments to the number of children desired and therefore did not have an absolute ideal number in mind. Once the women had children they appeared to have some options for balancing their rights and responsibilities to safeguard the well-being of themselves and their children and exert themselves as citizens. On the other hand, circumstances, the support they were able to draw upon and the expectation the women perceived as mothers and workers influenced the family size they ultimately desired. The negotiation between preferences and the number of children they believed they could actually cope with in reality was, therefore, suggestive of limited agency.

We conclude that society may have failed the women by not informing them openly and honestly about what they might expect as mothers and by not providing them with the support they felt they needed in that role. Therefore, the principal challenges that need to be addressed are how to best enable and support women to make childbearing decisions right for them, regardless of their background. The discourse in the popular media and women with children were implicated in misleading women in regard to motherhood. Much of the shock experienced and the potential threat that motherhood poses to women’s mental health appeared to be associated with the gap between their expectations and the reality of motherhood. This misinformation and inability for women to make an informed decision about motherhood may be the most pressing problem that needs to be overcome to advance women’s agency. It is clear from this study that there is a need to investigate ways in which to better inform young women about the realities of motherhood. Women who have experienced the struggles of motherhood undoubtedly have insights (at present are all too often shrouded by the ideology of motherhood) that if communicated openly and honestly would help to empower young women in their fertility decisions. Additionally, the provision of sufficient support to women (especially those in regional and rural areas) to meet the expectations that society now has of women in the home and workplace needs to be explored. Meeting these two challenges, we argue, are pivotal in overcoming oppression associated with motherhood.

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1 An estimate of the total number of children the average woman will have (ABS, 2010).
2 The TFR dipped to 1.73 in 2001 but has since increased and stood at 1.96 in 2008 dropping back slightly to 1.9 in 2009 (ABS, 2010).
3 Long term fertility trends show that 80-90% of Australian women have at least one child over the course of their life (Kippen, 2006).
References


Meredith, Peter (2010) How much is too much? *Australian Geographic, 100*, 118-123.


Summers, Anne (2004). Corralled back to the kids and kitchen.


Appendix J: Read, D., Crockett, J & Watson, G. (2007)

WHAT'S BEHIND RECENT FERTILITY TRENDS—GOVERNMENT POLICY, ALARMS ON BIOLOGICAL CLOCKS OR LESSONS LEARNED FROM CHILDHOOD?

Donna Read, Judith Crockett and Geoff Watson

Fertility in Australia has risen since 2001. Some have attributed this to the universal Maternity Payment introduced with the 2004 budget, or to Treasurer Peter Costello’s call to parents to have three children, also made in 2004. But these interventions occurred after fertility had begun to rise. Moreover, qualitative interviews with 15 mothers in regional New South Wales show that they had had little effect on these women. Factors that did affect them included anxiety about beating the biological clock, the desire to have the number of children that their own childhood had taught them to prefer, and constraints such as lack of social support and fears about their inability to pay for the education of their children.

INTRODUCTION

In Australia, births and the total fertility rate (TFR) (an estimate of the total number of children the average woman will give birth to over the course of her reproductive life) have increased after reaching a low in 2001. This rise comes after a period of decline in the TFR that has lasted for over 30 years.¹ There is a large body of literature discussing the trends and the causes of declining TFRs in developed countries.² It is of equal interest why that trend in behaviour appears to be changing.

In this paper we discuss early findings from ongoing qualitative research about claims that government influence, and increased awareness of the implications of delayed motherhood, have been responsible for the increased number of births in Australia. We also explore the factors likely to contribute to family size decisions. The research so far suggests that the childhood experience of being in a small family may result in a subsequent preference for a larger family and that it may also predispose some mothers to have children at an earlier age than their own parents.

BACKGROUND

Between 1995 and 2005 the number of women of reproductive age in Australia (15 to 49 years) increased from 4.7 million to 5.1 million.³ This is a flow-on effect of the baby boom following World War II (1946 to 1965) since a large cohort of baby-boomer women simultaneously reached an age when they were most likely to have children. This resulted in a peak in births in the early 1970s.⁴ The children of many of the baby boomers are now in their 30s, the age group with the highest fertility rates:⁵ it is therefore unsurprising to see a rise in the number of births, although the peak was expected around the turn of the 21st century.⁶ It is, however, possible to surmise that women have delayed having their children for longer than expected given that the median age of mothers is still on an upward trend.⁷

The popular press, and most notably Virginia Haussegger,⁸ has given much coverage in recent years to the risk of being unable to have a child as a result of postponing motherhood. Commentators suggest that an increased awareness of the problem is now responsible for women not continuing to delay starting a family.⁹ However, the TFR rise is mainly due to births to women between 30 and 39 and the age specific fertility rate for women aged 25 to 29 was only slightly higher in 2005 compared with 2004.¹⁰ Therefore, the current increase in the number of births could be due in part to some women who have delayed motherhood now having their
children and possibly to some younger women not delaying childbirth as long as their predecessors. Delayed motherhood is associated with lower levels of overall fertility.¹¹

Childbearing behaviour in Australia does, however, appear to be changing. Australia’s TFR has shown a modest increase since 2001 from 1.73 to 1.81.¹² However, the increased number of births cannot be explained solely by the increased number of women of reproductive age because the TFR controls for age. While it was also possible to predict some increase in the TFR due to delayed motherhood, the rate has increased more quickly than expected. Thus some of the increase must be due to changes in behaviour.¹³

The popular media has given much coverage to the role of Government in stimulating the recent increases in the number of births, with Federal Treasurer, Peter Costello, taking credit for the upward trend. He is now well known for asking couples to have ‘one for the mother, one for the father and one for the country’. This was at the time of the 2004 budget when he introduced the universal Maternity Payment (popularly called the baby bonus).¹⁴ Just six months later, Costello was claiming ‘...a link between the pick-up in job opportunities, some of the family assistance measures and at least the bottoming of the fertility rate and hopefully the turning around of that fertility rate’. [authors’ emphasis].¹⁵ More recently he has said he was delighted that families are taking up his challenge,¹⁶ announcing to Parliament that he believed that the government’s policies, particularly the introduction of the Maternity Payment, the Childcare Rebate and increased numbers of childcare places had played a very important part in lifting the fertility rate.¹⁷

But whether the payment is responsible to any significant degree seems doubtful. The TFR has been rising for the last six years¹⁸ and the increase was therefore in place before the introduction of the Maternity Payment in 2004, as was the trend in rising numbers of births.

**CURRENT RESEARCH OUTLINE**

Our qualitative study is being carried out in the spirit of Maher and Dever¹⁹ with the intention of giving mothers a voice about why they have the number of children that they do. Currently, variation in the fertility rates is mostly determined by the size of families that women have once they enter motherhood as childlessness rates are fairly constant.²⁰ We are using in-depth face-to-face interviews to collect data from mothers with at least one child nine years or younger from the Central West of New South Wales. So far the women have been recruited mainly through public schools, but also via the Orange University campus and through snowballing. A maximum variation recruitment strategy is being employed to achieve geographic, social and economic diversity.²¹ The interview has been designed to find out how women come to have the number of children that they do, whether choice or circumstances are important and what influences mothers’ childbearing decisions.

To date we have interviewed 15 women who live mostly in the city of Orange with a few living in rural areas and small towns of the Central West within 80km of Orange. At the time of interview the women had between one and six children. Three of the mothers wanted to have more children, two were undecided and nine considered their family complete. The age of their youngest child ranged from 12 weeks to seven years and the age at first birth of these mothers ranged from 21 to 42 years. The majority of these women have post-school qualifications, work at least part-time and/or their families have a high or medium income. The sample, however, also includes women without post-school

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qualifications, who are not working and/or have a low family income. The women who worked were employed in a variety of jobs and one was self-employed. Most were married, two were in second marriages, two in de facto relationships and two were separated from their partners. All of the women’s partners were in work and also had a variety of jobs. The mothers had a range of religious beliefs (Anglican, Catholic, other Christian faith, other religion or no religion).

RESULTS AND DISCUSSION
Motivation to have a child and government policy
All of the mothers in this study stated that they did not consider government payments to families when making active childbearing decisions. This was because they felt that the amounts being paid were not sufficient to have a real impact on their behaviour, because they weren’t entitled to them or because, as one said: ‘They can be taken away at a moment’s notice’. One of the undecided mothers pointed out: ‘$4000 that sounds a lot, it sounds good, but then in six months I pay that much in childcare’. Even so, there did appear to be a commonly held perception that the payment was likely to act as an incentive for others to have children. Although most of the mothers interviewed were in favour of the support given to families through the Maternity Payment, many were concerned about it being paid as a cash lump sum. Half of the mothers expressed concern that the payment was encouraging some women, particularly teenagers, to have babies just for the payout. Statistics do not, overall, support this view as births to teenage mothers (15 to 19 years) continued to decrease in Australia during 2005, although rises were recorded in South Australia, the Australian Capital Territory, the Northern Territory, Tasmania and Western Australia.

If women do not respond to specific policies with financial incentives attached then maybe they are taking notice of Costello’s call to have children. Some public commentators would agree. Demographer Peter McDonald has associated higher birth numbers with the baby bonus but also with the social messages such policies send. If the mothers in our current study are influenced by social messages then it is not part of their conscious decision making. In fact of the eleven mothers who expressed an opinion most objected to Peter Costello’s ‘one for the country’ call with one mother going as far as saying that it was ‘morally wrong’. A minority of mothers went on to say that they found the whole spectrum of government policies sent out contradictory messages about the importance of families and parenting. Policies that they considered as contradicting the Treasurer’s message by these mothers included the requirement for single mothers to work once their youngest child turns seven to be eligible to be for the Parenting Payment and the lack of a national paid maternity leave scheme. Only two of the mothers we interviewed were in favour of Peter Costello asking women to have more children, whilst another mother just felt it was of no consequence. She said: ‘... the Government can say as much as it wants but if you, yeah, if you really want two, you’re not going to have three just because he said so’.

Our inquiry suggests that it is unlikely that government policies are affecting birth rates to any significant degree. Our research to date has found that government policy was not a factor considered by the mothers when making childbearing decisions. If the gamut of government policies send out contradictory messages to mothers about the value of parenthood it is problematic to attribute increased births to particular policies and rhetoric. Further,
the strength of the negative reaction observed in our study to the Treasurer’s procreation message makes it difficult to believe that his rallying cry has been heeded. Here a key question is: if, as Peter Costello claims, the increase in births is due to his encouragement and the government’s policy initiatives, why was the TFR rising before the 2004 budget?

**Awareness of the risk of delaying motherhood too long**

When women in our study had made a decision to start a family, most seemed very aware of their biological clocks ticking. The majority of the mothers interviewed, described their first pregnancies as planned or ‘semi-planned’. Of these, two-thirds reported that their decision was based on their age because they believed that they might have trouble falling pregnant if they delayed further. For the remaining third the decision was still age related, since they talked instead about their partner or themselves not wanting to be an ‘old parent’. In the majority of these cases they cited personal childhood experience of an ‘old parent’ as a reason for this concern. This attitude could therefore encourage earlier entry into parenthood than the previous generation and act as a brake on the tendency to delay. This attitude may be important in overall fertility rates because (as previously mentioned) of the strong association between delayed motherhood and lower fertility. However, it should also be noted that one of the mothers also mentioned the positive role model of her parents, who were in their late 20s when they had her, as a reason for her not wanting to have children too young.

Our study suggests that the alarm bells on several biological clocks had sounded well before the current public discussion. About a third of the mothers talked about having had long term plans for starting a family by a certain age and for these women their eldest child could be up to 10 years of age. However, for one mother who was 42 at the birth of her first child, it was not a matter of her being unaware of the risks of delayed motherhood. Instead she had held a strong opinion that she didn’t want to have children—until she changed her mind at the ‘eleventh hour’.

As the mothers in our study had been aware of their biological clocks for quite some time, it seems inappropriate to suggest that women have only just woken up to the issue. Further, Kippen predicts that the fertility of older women will continue to rise and that of younger women will fall24 which suggests that the media attention has changed nothing of substance. The age-specific fertility rates of women aged 30 to 34 and 35 to 39 have been increasing since the early 1980s and for women 40 to 44 and 45 to 49 they began increasing in the 1990s.25 In contrast the age-specific fertility rates of women younger than 30 have continued to decline since the early 1970s.26 The only exception to this falling trend is the slight rise in the fertility rates for women 24 to 29 in 2005.27 The figures do not yet support the assertion that significant numbers of women have responded to recent media coverage about the increased risk of potential fertility problems at older ages. Instead it is likely that the increased number of births is largely due to the increased number of women of childbearing age combined with a large cohort of women who cannot leave starting a family too much longer. This will not make a difference to Australia’s TFR in the longer term.

**Motivation to have a child and childhood experience**

For the mothers interviewed, preference for family size appears to arise out of what the mother believes will provide the best quality of life for their children. All the mothers talked about using their own childhood
experience, or the childhood experience of their partners, as a reference for helping them make their decisions. Over half of the mothers reported childhood experience in a negative light and these parents aimed to provide something that they felt had been missing from their own childhood. A few talked about childhood experience having had a positive impact on their childbearing decisions, while the rest found both positive and negative lessons in their childhoods.

Nearly all the mothers who viewed their own or their partner's childhood experience negatively expressed a preference for a family size different from either the one they or their partner had come from. Two-thirds of these wanted a family larger than the one that they had grown up in (all of these had been brought up in a family of two and most commonly would like to have four children). These mothers emphasised the importance of relationships and connection within the family. One mother with one sibling talked about choice of playmates: ‘My brother and I didn’t get along very well. We just did different things’. About neighbours’ children she said: ‘I think that they just had more of a choice of doing something with each other or going off to do something by themselves as opposed to having it imposed on them, in that it was the only choice that they had’. Another mother talked about envying her cousins and their freedom:

There were two children in my family and I had cousins who had seven and I just really wanted more siblings, desperately wanted more siblings ... when there is just two of you, for your parents, there is so much riding on you. Whereas, I could see for my cousins I would go out there and my Aunty might not know where we were for half the day.

A third mother, who had two children and was aiming to have four, had been adopted and had been brought up with just one brother. She had since found her birth family and now had a large extended family on which she placed a great deal of value. Furthermore, messages about the importance of family size can come down through the generations. For example, two mothers reported that their own mothers were only children who had impressed on them how lonely their own upbringings had been, saying ‘only child, lonely child’.

Of all the mothers interviewed just three wanted to have more than two children because they or their partner came from large families themselves (we include the adopted woman mentioned above in this category because this applied to her partner). The reasons for these mothers wanting more than two children were the same as for those coming from a small family. For example one mother said:

I just kind of think that you just kind of need more than one to grow up with and I really enjoyed having two brothers and a sister and they were my friends. We moved around a lot so I had friends regardless.

These sentiments seem to sum up what most of the mothers, who came from a small family and wanted a large family, hoped for for their children.

However, coming from a large family could also make parents wish for something different for their own children resulting in them preferring a smaller family. One of the mothers said of the father of her children, who was the youngest of seven: ‘Well coming from a big family, especially being the youngest, he never had anything new so everything was hand-me-downs, so that was a lot of background there which I think affected him too’. Being the youngest of a family of six didn’t guard against loneliness; this mother had a preference for two children close together in age to ensure companionship. The importance of sibling friendship is further illustrated by around one third of the

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mothers expressing a preference not to have three children because they felt that one was frequently left out, for example: ‘I thought three’s a bad number, one’s always left out’. Only one mother expressed a preference for one child.

Our evidence suggests that the previously identified positive association between size of family of orientation and family size preference, may now be breaking down. In stark contrast to our findings, Kohler et al. found this association was especially strong when fertility could be controlled and childbearing behaviour was therefore the result of choice. This agrees with the findings of Murphy, who in a historical review of studies, found the relationship between intergenerational fertility was strengthening. It may be that we are seeing a new situation, where children coming from intentionally small families are choosing to have more children as a backlash or reaction against the upbringing their parents choose for them. Prior to this, people who came from small families possibly didn’t feel cheated in the same way because their family size may have been perceived as a result of circumstance rather than choice. One could also theorise that families, in the affluent society of contemporary Australia, have the luxury of placing value on familial relationships, with their possibilities of friendship, because the resources are available to feed, clothe and educate the number of children of their choice to a reasonable level. If familial relationships are valued highly enough then larger family size may result. It is hoped that the validity of these proposals will become clearer as the research progresses.

Family size preference did not always convert to actual behaviour for these mothers. The realities they faced in their lives affected the actual number of children they ended up with. These realities included individual circumstances such as ease of falling pregnant, age of mother at first birth, and the mother’s perception of her ability to cope with being pregnant, giving birth and caring for young children, or having a support network nearby that would enable her to cope. This was also recognised by mothers planning to have more children. Interestingly, for about two thirds of the mothers interviewed, short term financial considerations were not important. Many felt that they could afford the day-to-day costs of a young child by making some minor budgeting changes. However, for one mother with a low to middle family income, childbearing choices had been very much financially driven, with her partner she decided to terminate a pregnancy, in large part because they could not afford to have another child, despite wanting the child. For most however, long term financial considerations were important for curtailing their total number of children. They were mainly concerned with the costs of education both at school and tertiary levels.

CONCLUSION
The women in our study were not influenced by the government’s payments to families and most appeared to be unconvinced by the government’s social messages. There was also a high level of awareness amongst these women, before the issue’s recent media attention, that they could not delay motherhood too long into the future. Further, recent data on fertility rates and births do appear not to support the claims that government influence and increased awareness of the implications of delayed motherhood have been responsible for the increased number of births in Australia. In the light of this combined evidence we suggest that these claims appear to be unsubstantiated, at least for the mothers in this project.
Our research to date suggests that childhood experience strongly influences family size preference and this may help to explain why fertility rates have not continued to decline. Additionally, childhood experience may influence the age at which people choose to have their first child and therefore keep the average age of parenthood away from the possible extremes. As delaying motherhood is associated with lower fertility this may be important for the overall TFR. However, if the responses of women in this study are any indication, it seems likely that a number of factors are behind the recent increase in the number of births in Australia; not all have been canvassed here. Further research is needed to explore whether the sentiments of this sample of women are comparable to those expressed by their metropolitan counterparts.

Our findings suggest that childbearing preferences are more likely to come to fruition if circumstances allow this. For parents to choose to have larger families they need to feel that they are able to cope with the number of children they desire and that they are able to provide them with a good quality of life. In this context a wider range of government policies are likely to be as important, if not more important, in determining fertility rates than the one-off incentive of the Maternity Payment. For example, increased funding for public schools and university education may be a more effective fertility policy than the Maternity Payment. Not only would such funding address a major financial concern for parents considering having more children, it might also help to send out more consistent social messages about the value of family and children.

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References
4. Australian Social Trends (Echoes of the baby boom) ABS, Catalogue no. 4102.0, 2004, pp. 7–10
6. Australian Social Trends, op. cit.
‘Mums’ waiting game: baby boom as women try to beat clock’, *Herald Sun*, 19 December 2006, p. 11.

*Births Australia* 2005, op. cit., p. 7

Kippen, 2006, op. cit.

*Births Australia* 2005, op. cit.


P. Costello (Treasurer), Record births welcomed, press release no. 052, Commonwealth of Australia, Canberra, 2 June 2006

*House of Representatives Official Hansard*, no. 18, Thursday 7 December, 2006

*Births Australia* 2005, op. cit.


Kippen, 2006, op. cit.

We aim to interview mothers: (i) from areas with varying fertility rates, (ii) from different sized centres, (iii) with varying numbers of children and family size preferences, (iv) whose families are complete and incomplete, and (v) from differing socioeconomic backgrounds.

*Births Australia* 2005, op. cit.

Colebatch and Schubert, op. cit.; Pirani, op. cit.

Kippen, 2006, op. cit.

*Births Australia* 2005, op. cit.

ibid.

ibid.


Kohler et al., 1999, op. cit.

M. Murphy, ‘Is the relationship between fertility of parents and children really weak?’, *Social Biology*, vol. 46, no. 1–2, pp. 122–148
Appendix K: Participants suggestions for improving public support of families

The following suggestions were made by participants in all three phases of data collection as improvements for support of families:

- better fund the health system, education (including the abolition of HECS fees), broadband etc (preferred over Family Tax Benefits);
- raise income threshold for qualification for Family Tax Benefits etc.;
- take into consideration the increased cost of supporting teenagers within Family Tax Benefits;
- provide affordable high quality childcare/early education, not just for workers, and do not distinguish between preschools and childcare centres;
- pay women to stay home to look after their children;
- encourage a communal approach to care/improve social support/provide practical support within the home;
- provide paid parental leave;
- pay superannuation for women for time taken out of workforce for having children;
- fully cover health services for children including dentistry;
- provide fertility education;
- improve fertility services;
- provide access to affordable terminations and contraception, maternity services postnatal services;
- advertise government support and services to women who are likely to be in need (i.e. through anti and postnatal clinics etc.);
- alter school hours to take into account women who work;
- provide low interest rate mortgages for single mothers;
- ensure more women who have had children are involved in policy-making.

Some government support initiatives that have been implemented since the data was collected have been in accord with some of these suggestions.
Appendix L: Excerpts from focus groups

Participant numbering is relevant to each excerpt but not across excerpts (i.e. an individual could be assigned different numbers in different scenarios.)

Excerpt 1

Donna: So how free do you think women are to choose whether to have children? Are they free to choose to be childless now?

Participant 1: I think the opportunity exists, yes, it depends on their strength

Participant 2: You probably have to be a bit stronger in character, yeah that was what I was going to say too, to um

Participant 3: Yeah

Participant 2: To make that decision and stick with that decision

Participant 1: to wear it

Participant 2: yeah to just let all the negatives, yeah there might be negative aspersions that you might have to let role off your back.

Excerpt 2

Participant 1: Well that is what you kind of hear these days with the sort of older generation. Well okay they got married but you know they lived with the family until they had saved up enough money to save up a deposit

Participant 2: On the smell of an oily rag

Participant 1: That’s right and everything was done as cheaply as possible and then once they had the home the children came along but they had struggled and they had saved to get there. And yet now they have to retirement and most of them have their own homes, because they have been through that. Whereas the modern generation is ‘I want my fast car, I want my house, I want this, I want that’ and I can see it even with my kids because they’ll turn up ‘oh go and put that away’ ‘oh well, if it gets broken or lost we will just go and buy another one’ and its like ‘oh no you won’t’ – but that’s sort of there. The change in attitude as to what it is. It has a big affect on it and for her at that age it is very much that ‘I want everything now’. Whereas you do have to make your decision as to what you want

Donna: So are those kind of attitudes making it harder to make the decision to have children do you think?

Participant 1: I think in some ways it is, because you have got, even within families, you know, you’ve got the parents saying exactly ‘your getting married, when are you going to have your children’ and then you’ve got sort of younger generations ‘well what are you doing with your career’ and ‘where’s your car’ and

Participant 2: were all having fun

Participant 3: And where are you going for your holiday this year

Participant 1: Yeah that's right. You know a holiday, what’s that? [laughter]
**Excerpt 3**

Participant 1: I don’t know I guess it depends on what gives you life purpose and we are told work gives your life purpose but maybe it isn’t for everybody

Participant 2: I think it is not for me I think you have to redefine what work is as well

Participant 1: Well, being a parent is work, but most people say if you don’t do paid work then you’re a non-entity, pretty well

**Excerpt 4**

*Donna:* Okay the first thing I’d like to do is for us to build up a picture of what you believe is the current typical Australian family.

Participant 1: Oh crikey!

*Donna:* What’s your first reactions? You said ‘oh crikey’ [Participant 1]

Participant 1: Oh just that there’s no such thing I think. There’s just such a big mixture of blended families and single parent families and um- but I do think the number of children in the families has shrunk. There used to be maybe 5/6 children in some families, whereas now that’s not all that common, maybe just a slightly recent trend back to 3 kids instead of 2. I’ll shut-up now. Yeah, a big of a mix

Participant 2: I’m from a family of 7, in that generation there were lots of kids, Catholics of course, and then in my generation, yeah, more typically two and I again see a higher number coming up, like more like, more typical 3 to 4. It’s just purely anecdotal but still some really big families around. I see some really big families where I work, my cousin has 14 children [laughs] but she’s out there on her own.

Participant 1: She’s amazing

*Donna:* How do you fit that many in?

Participant 2: Every two years since she was 18 [general impressed noises, wow, uh etc] but yeah a typical family...I almost think that like single parent families are becoming or blended families are becoming the norm

Participant 1: the norm, mm

Participant 3: yeah

Participant 2: Certainly amongst my kids and their friends, its um….we’re considered just a little bit unusual in that were what previously what might have been considered a typical family just like in our group.

*Donna:* have you got any thoughts on that [Participant 3]?

Participant 3: More single parents I think. Just sort of the kids at school and all that sort of thing, but yeah it’s just a….it’s not 2 adults and 2 kids anymore. There’s grandparents a lot more involved too I think in bringing up their kids – grandkids

Participant 2: mm

Participant 3: yeah
Donna: And what about say the workforce participation of the parents. Do you think there is anything typical in that kind of regard?

Participant 3: I think, in the people that I associate with socially, it depends on what group you hang around with, you're unusual if you don't work at least some of the time. You probably unusual too if you work full-time as a mother. But then in the women, that I have, that I work with, almost, well not almost, almost exclusively in the lower socio-economic groups it is very unusual to have anybody working in the family. Yeah. Which is why I guess they’re in the lower socio-economic groups so that makes sense but yeah very unusual for a mother to be working.

Participant 3: So yeah, that probably means grandparents, if the parents are working, are more involved.

Donna: Right so that is where they come in? Okay. And what About the kind of age of the parents? What's typical there or possibly typical?

Participant 3: There’s a whole range

Participant 2: Where I work, very young but amongst my friends older

Participant 3: yeah but I find at school I’m right in the middle, there’s people that are older and then there’s people that are hell of a lot younger. That’s really…at the school you get the whole…one person’s had one a lot older and then you’ve got another one who has had four and not even 25. So there’s a whole range

Participant 1: I think a lot of, yeah I think are a lot of the younger ones but maybe the median age is shifted. I remember when I was at school thinking oh my mum’s so old, compared to the other kids mums. Whereas now, you know I don’t think people bat an eyelid that I’ve got small children and 40, you know. I think it has changed a bit.

Donna: So my impression is, of what you’re saying is that you don’t really think there is a typical family, anything typical necessarily at all

Participant 2: Um, not across the board but I think that in socio-economic groups there is typical patterns

Participant 1: Yeah there is

Participant 2: Definitely

Donna: okay, that’s an interesting point. How do we know then, if there is anything typical what is acceptable or is everything acceptable?

Participant 2: Well, what's acceptable is a very personal thing isn’t it? It’s like a ….it depends on what, yeah it’s a personal thing. It depends on what your beliefs are. Your world view. What’s acceptable. It’s not a… what society accepts is not a…it depends on where you fit in that society. Where you believe that you fit in within society.

Excerpt 5

Donna: Okay, thank you. Okay do we think it is good for us to have this level of choice and control or do we think it is something that sometimes we wish we didn’t have?
Participant 1: I’m a firm believer that sometimes there is too much choice. It just makes what should be a simple decision very complicated. Yeah I just think sometimes there is too much choice and it just makes things more stressful and more complicated than they perhaps need to be. Having said that I wouldn’t like to tell you which choices I would like to remove.

Participant 2: Oh well, I think that it is good that we have the choice. Like I mean you know to put things, to do things when we choose to do them I think. I’m glad that we are at this stage sort of even though, I guess, there are still those expectations sort of, yeah expectations that sort of, that you know, that you have to sort of…some people….you feel like you have to defend yourself or your decisions but its…I think its….yeah….I think that there is a good level of choice these days. I think. And, but what I think is important, I think too, you know, that, that mothers – or if you want to become a mother, that you have, that there is government social support, when you, you know, if you choose to work and I think that’s quite fine that women – if they choose to work and have children. But they should, they should be recognised I think by governments, that they should be encouraged and supported because it is important you know that. Well, a lot of families have to work to get that income and well children are important because they are going to be the next generation. So the government kind of has to invest in that to bring up a good educated sort of generation, yeah so, that is what I feel like. And just by just not having all that sort of support systems sometimes then choices I think might be different.

Participant 1: And I mean the choices are there but they’re much harder to make. The choice that you make, necessarily want to make, if you don’t have the supports there.

Excerpt 6

Donna: Okay we might move on to our next scenario [reads scenario 2]

Participant 1: Slap Sam around and tell him to wake up to himself

Participant 2: You don’t tell us how old she is do you, no

Donna: She just left school

Participant 2: oh yeah, so she’s quite young

Participant 3: Well to put that all on … if there are really in love…. And then I think what he proposes then I think that is quite selfish I think, not to, obviously, let her get some further education.

Participant 2: Yeah that’s a pretty ruling sort of a remark there you know, if you go away, that’s it were finished. So you’d wonder how much he does love her.

Participant 1: the flip side of that is though she can always have kids now and study later and do part time study or whatever

Participant 3: Yeah well I think he could be a bit more supportive and say well okay we can have children and she can maybe do it part-time and I’ll help out and…

Participant 1: yeah

Participant 3: Things like that and distance education maybe and should put forward that he is going to help out and not just expect her sort of yeah…to be the main sort of carer I guess
**Donna:** What if she wanted to go away and do something else like travelling with a friend rather than go to university and he is making the same sort of ultimatums?

Participant 2: And they’re just boyfriend and girlfriend at this time. I think there needs to be some sort of negotiation, facilitation, something happening there for them to really establish

Participant 3: Yeah I think they need to find a happy medium

Participant 2: Learn more about the actual relationship because if she had children and he is that powerful there as he is here and she had children she could….and that continued once she had children she could end up with like postnatal depression or…be quite a sad relationship for everyone.

**Donna:** So it is not necessarily important that she wants to go to study and get maybe establish a career it’s more that no matter what she wanted to do, it because he’s laying down the law that is the problem, is it?

Participant 2: I guess too, it’s how he’s doing it. Is he just saying I want to have children? Is it just a blasé comment or is he really serious about it or how he portraying, like how’s he presenting that? Because if there’s room for negotiation, he might have said that and she might have said ‘don’t be silly, this is really important to me’ and then for him to turn around and say ‘oh alright if it is that important to you’ leave it for a bit longer.

**Excerpt 7**

**Donna:** So how rational do you think all of this is? Or is it emotional? I’ve got this one last quote for you about rationality. Because we have there talked about the social pressures and biological drive but then does it come down to a rational argument or does it come down to an emotional argument?

Participant 1: For some people it is probably never very rational that they have children.

[laughter]

Participant 2: yeah, you look at other people that haven’t got the resources and…

Participant 1: or Terrible, terrible illnesses where having a baby might put their lives at risk

Participant 2: yeah, so it’s not rational, mm

Participant 1: No. So for some people it would be very irrational but they still go ahead and do it? And others…

Participant 2: Definitely emotional

Participant 3: Is that that urge taking over again? To procreate overruling everything

Participant 1: Mm – I just want a baby I want someone to love.

**Donna:** So you think that is where this emotional side comes in do you, because it is a deeper down sort of urge?

Participant 3: Yeah. Maybe

Participant 2: But that creates the emotions
Participant 3: Yeah like if you know, if you’re aware the child’s maybe going to have a problem but you still want to do it

Participant 1: I can think of a classic example – a friend of mine who’s a mid-wife moved to Australia from England and moved in with her auntie who had a son, who was her first cousin and she said she fell love. They absolutely fell in love and you know she’s a mid-wife, she knows about the genetic consequences, or the possible, and they’ve had two children and some pregnancy loses and that but yeah she’s very interesting in terms of she absolutely knows what the possible consequences are of having children with this guy that she just adores and um, still wants to do it.

Participant 2: Yes so it depends very much on the people, on the person doesn’t it, because some people would be making a very rational decision but it is probably more about not having children than having them.

Donna: So you think it is perhaps more rational perhaps not to have children is that it? Because I guess that was this quotes about isn’t it.

Participant 2: Well yeah, there are a lot of rational arguments for not having children

Participant 1: There’s more, yeah very, they’re not going to look after you when you get old

Participant 2: There’s like the world population and financial….

Donna: Can there be a rational argument for having children?

Participant 1: I don’t think so actually

Participant 2: Yeah, I think you…

Participant 3: That smile in the morning, things like that

Participant 1: that’s not rational, it doesn’t give you anything

Participant 3: It does

Participant 2: I think there can be if you are thinking about the species, or if you think okay it going to be good for this society. Like if you say you’ve got a particular brand of politics or something you might want to breed more children that’s going to be in you line of thinking

Participant 1: Ah, yep okay that’s like healthy stock for the nation

Participant 2: yep, if you are doing you bit for the country or…

Participant 1: Oh, oh yeah

Donna: Having said that do you think mothers think like that

Participant 2: Um, no probably not

[general laughter]

Participant 1: Never but it is a good point, so back to the rational argument for having children. The only one I can think of is, in some cultures, your children work for you or will look after you when you get old. Now I don’t think we really have that so much in our society anymore because we don’t stick together, we move around too much. So that’s it no rational argument.

Participant 3: Apart from maybe the baby bonus for those people
Participant 1: The baby bonus, that’s true – but that’s not rational though
Participant 3: Isn’t it?
Participant 1: It’s only $5000 and it costs a lot more than that to bring up a child
Participant 2: For their life yeah, for the lifetime of the child
Participant 3: But some people don’t see it that way do they?
Participant 1: So that’s not rational [laughter]
Participant 2: Um, yeah. I think some of the arguments that you think might be rational are as you say they are not. Like you might think well, it would be really fun to have children, we gonna go camping and we gonna go to the museum and all that sort of stuff
Participant 1: You can go camping without them
Participant 2: and you realise it’s just that once you get into it you find well, most of it just is the day-to-day –well not the drudgery – but

Excerpt 8
Donna: How rational, or otherwise do you think it is then that we have children? Is it something we rationalise or is it something that is more led by emotions?
Participant 1: [laughs when she sees quote about emotional and rational arguments] I should take this to my [name of organisation] meeting. They tell me, you’re so emotive when you speak. I say well psychology, physical, a holistic approach. It’s not just…mm
Donna: So do we rationalise it? Is it a rational decision? Or is it something that comes more from the emotions?
Participant 1: I think it is a combination of both.
Participant 2: yeah I think so too.
Donna: You think both come into it
Participant 2: I think so, yep
Participant 3: I think when it is a choice and not a ‘oh bugger I’m pregnant’ [laughter] then yeah you tend to rationalise ‘do we do it now’ ‘do we do it later’ ‘is it…’ If you’re going to making those decisions then there is a certain amount of rationalisation that goes into it. Yeah but I would say a lot of it is still an emotional decision. And emotion has to be involved in having children. It’s pretty hard not to, so I think it sort of follows

Excerpt 9
Donna: Do women really understand the full implications of those decisions that they make do you think?
Participant 1: [sounding incredulous] No
Participant 2: No
Participant 1: Only in hindsight
Participant 3: mm

Donna: Do they know what they are doing when they have a child?
Participant 1: No, for goodness sake you wouldn’t do it
Participant 3: No, no idea
Participant 1: Well you wouldn’t would you? Now here, your just going to throw up for 3 months, have a little bit of a blissful period, you might have some stretch marks, you're going to have indigestion, your going to go through this awful, awful pain and a baby will emerge from. This tiny…
Participant 3: That is totally dependent upon you.
Participant 1: that’s totally dependent, no sleep, um, your life will change and it’s all about them, nothing about you for quite a long time. Even looking back on that and saying that I think, well - why did I? But I wouldn’t change it for the world.
Participant 2: Well that is what…I was reading something I think it came out of that happiness seminar that was in Sydney a while ago. And people say they love their kids – and yet rationally you think it is all give, give, give
Participant 3: yeah
Participant 2: but that you get these little blips of sort of blissful moments and that’s what we think of when we say…
Participant 1: yeah
Participant 2: Oh I love our kids, I wouldn’t want to miss out on it. Its because this little blips of bliss when they smile at you or whatever are actually what we think of when we
Participant 1: I can just think of one right now. Probably my most difficult…probably my most difficult child in a lot of ways, when I think about her, I think about the way she kisses me goodbye from school [demonstrates by kissing the air] and then waves. Just that look of adoration. It is absolutely a blip, but yeah that’s you think about.
Participant 2: that fleeting second
Participant 1: yeah, not the constant arguments we’ve had all morning about her brushing her hair and cleaning her teeth and getting out of bed and tidying her room.
Participant 2: What age is she?
Participant 1: 7. But she has always been like that
Participant 2: So I’ve got many more years to go yet
Participant 1: No, no, she has always been like that from a baby, yeah

[laughter]

Excerpt 10
Participant 1: yes, I mean I don’t regret having 4 children but I suppose the only thing I do regret is that because I had 4, within 6 years that sort of didn’t really have
that time to spend with each of them as my Mum did. Because she keeps saying ‘oh my favourite time, my favourite year was the when they were four, the year before they went to school’ because it was sort of sit and do things with them and you had the new baby asleep in the cot and sort of had this – not just a baby but this a child that you could talk to and do things with and I sort of….

Participant 2: that’s really interesting ‘cause a friend of mine his mother-in-law was saying. ‘I don’t know why your generation rushes these children out’ so you have one and then another one straight away and then and then another one straight away. She said ‘In our generation we had a 3 or 4 year gap frequently’ and she said it was just much easier that way and we were all – and when this friend said that to me I thought that’s true ‘cause I had my 2, 20 months apart and I was tearing my hair out. I felt like I was going mad for a few years and other friends were doing the same thing. Yeah. If you leave it longer, like I was 33 when I had my first and 35 with my second.

Participant 1: Yeah but if you have your first at 23/24 you do that

Participant 2: but if you leave it until you’re 30 and have another one sort of take it a bit easier

Donna: So do you think it mostly because of age, because we are having children later that we need to have them closer together

Participant 2: Probably, yeah

Participant 1: If you want to have more than one

Participant 2: then you rush through it and its not much fun, its hard

Participant 3: perhaps too, if you feel like you need to go back to work or whatever, that if you have a couple close together then you can cram all you’re childbearing into a short period of time and then you’ve got to work afterwards

Participant 2: That’s true, rush back to work

Donna: So it is also that expectation that we mothers are going to work too

Participant 3: yes I think so, yeah if you spread them out well you’ve got a longer period where it’s difficult to be in the workforce

Participant 2: yeah that’s true

Participant 4: Yeah because I sort of remember talking to my former mother-in-law because she had 7 children and when her youngest was born which was my ex-husband her oldest was 22 and she had them over quite a long spread.

Excerpt 11

Donna: Do you think women are in control of their childbearing, the number of children that they have now?

Participant 1: Well some are, some definitely are not.

Participant 2: The options are there to be though

Participant 3: yes

Participant 1: If you can access those options
Participant 2: yes

Participant 1: It’s still really, really hard to get a termination in this country. That...the people that um...probably, you know, I’ll use the term loosely, that need it the most are the women that can’t afford it. And you know say women in Orange, you know it is an enormous problem. In terms of these women may not have had choices over whether or not they fall pregnant, they can’t physically take a pill everyday because they just...because their lives are so chaotic, they can’t remember it. They don’t like, the you know, the different options that are available to them, or they just can’t get to the doctor to get it done, because you know, because of the chaos in their lives. Or they just might not be able to take certain things. They might not have any control over whether or not they have sex. It may just be forced upon them on a regular basis. So you’ve got all that. And then they do find themselves pregnant and then they can’t access terminations because it costs $500 and you’ve got to go to Sydney to get it because there is nothing here. So those women, you know...I see a lot of women with no choice over how many kids they have.

Participant 2: Is that another society thing? Like not giving your child away for adoption. So they tend to keep them.

Participant 1: Well, some of those women can’t go through a pregnancy and necessarily live. Like I’m talking about very seriously ill people, same as psychiatric problems and stuff like that and I’m....well I can’t tell you but there are definitely examples. And more than one. And no that’s not acceptable to give birth to a baby and then give it up for adoption and some of the women that haven’t been able to access terminations go through with the pregnancy and they do end up having their children taken from them.

Participant 2: Yeah

Participant 1: and that’s happened on more than one occasion and yeah these women don’t. I see a lot of women who do not have any control over it and why should they give up their children? Because that’s a terrible, you know, shame on them. Yeah but then, me? Absolute control over it. Absolute control. I have you know, I have money, I have health, I have knowledge. Yeah so it depends on what you’ve got.

Participant 3: and the only thing you don’t have is hindsight, I suppose on our level and that’s where those things that you’ve been thinking about like the social pressures and so on. You know, we don’t perceive that those things are acting on us, maybe until hindsight kicks in

Participant 1: I wonder if women do actually say, I should have stopped on 3.

Participant 3: Oh but some women obviously perceive the social pressures

Participant 1: I was wondering if women go ‘oops, I shouldn’t have had that 4th one’ and really mean it?

Participant 3: yes, yeah

Participant 1: I know I quite often say ‘ah I should have stopped at 2’ but I don’t mean it at all. But I wonder if women do feel that, that would be awful.

Donna: You [to Participant 2] were saying that you think at least some women have options, what do you think gives you those options?

Participant 2: Oh I would say money, oh and the pill and that sort of stuff
Participant 1: Knowledge
Participant 2: Knowledge
Participant 1: Access

Donna: Access to...?

Participant 1: to facilities that can give you advice and provide those services. You can’t walk into a chemist and get a ‘Marina IUD’. You’ve got to have access to a doctor, money to pay for the visit.

Participant 2: And to know about it

Participant 1: To know about it, the education

Donna: So overall what do you think is important in determining how many children that they have?

Participant 1: money, education, health

Donna: yeah, its those same things, uh huh

Participant 3: Age

Participant 1: Because they all...age...because they all contribute to your power and your control over your life. That’s not to say that women with more money, education and health aren’t going to, you know, aren’t suffering from, say domestic violence in terms of financial control and stuff like that. Those sort of women still get sexually abused and stuff like that, forced to have children that they don’t necessarily want, you know. But, um, they’re probably more hidden.

Excerpt 12

Donna: Now I’ve got some quotes from some the interviews I did in the first place and this is really about that whole question of why do women have children? Now these first couple of quotes are very much about a biological drive to have a child, an imperative, they felt they were somehow biologically driven that way. I kind of like to know what your thoughts are on that whether you think that women do have this biological instinct to reproduce to have babies.

Participant 1: Oh yeah

Participant 2: I absolutely believe that

Participant 1: yep

Participant 3: I’m not saying every single woman does but I think, just my personal belief that it is a very strong and that quote yeah, probably is why, that’s why. We intellectual people and that’s what we believe sets us apart from the animal world, we believe...yeah that...

Participant 1: Yeah but you reach a point and I think that husband choosing... on a deeper level you think that if I procreate with him then I’ve got these tall, short whatever genes, that sort of thing

Participant 2: yeah

Participant 1: but you don’t think you’re doing it but you’re doing it...
Participant 3: you don’t do it consciously
Participant 1: and this ovulating thing, that’s a shocking thing...I’ve known women...
Participant 3: I sit on the fence really...sorry [to Participant 1 because they are both trying to speak at once] go ahead
Participant 1: no go ahead
Participant 3: I sit on the fence with all of that. I don’t know how you can separate out your subconscious from what you’re biology is doing. Yeah I just, I think that you can, you can probably think about it either way depending on which way you wanted to protect your psyche about it. If it was...if I was a career woman who had constantly put off having a baby and then I did change my mind it would be in my interest to say “ah its biology, biology’s kicked in” or you know the situation could be the other way around and you could use the other argument and we...yeah we just don’t have anyway of knowing....
Participant 2: I guess what I think is that....
Participant 3: except that we are driven to have sex
Participant 2: yeah! I think we are perhaps basically animals and I think that our intellect is an override thing....
Participant 3: Mmm, yeah, mmm
Participant 2: as opposed to – it is something we do have control over, it makes us control the other stuff, this is a thought not necessarily
Participant 3: so yeah this would be the underlying stuff
Participant 2: This is how we start off but then we develop this intellect through some crazy part of evolution
Participant 3: yeah
Participant 1: mm
Participant 2: that gives us control and so some women are able to sit there and prioritise in a very different way and make a decision too or not to have a baby. And there is others of us who are not quite so intellectual in our thinking and go and breed and yeah...maybe...maybe that’s what it is
Participant 3: yeah, so that the natural thing is just to breed
Participant 2: Yeah, and the intellect...if it’s stronger, and I don’t mean in terms of intelligence, just in terms of strength of your intellect may or may not be able to override that...
Participant 3: yes
Participant 2: And in that respect women don’t necessarily....intellectually don’t want children may still go and have children but then there’s all the social pressure and stuff like that again so there’s all sorts of things – it’s all getting too much

Donna: Right social pressures, you mentioned social pressures, so I’ll bring in the next couple of quotes here. These are basically about the social pressure and conforming to what other people are doing. How important do you think that is and is that more important perhaps than the whole biological drive?
Participant 2: I think it can affect it
Participant 1: It all does, it all joins in
Participant 2: Like I think you’ve got this biology, I think that’s at the heart of it and then you’ve got intellect social pressure [appears to be drawing interlocking circles in the air – like a Venn diagram] which is affected by intellect and all these interlocking things, perhaps
Participant 3: yep, like financial position and that sort of stuff
Participant 2: yep, over there [still drawing in the air]
Participant 3: and all that practical stuff
Participant 2: yep that will help your decision

Excerpt 13

Donna: Okay we might move on to some scenarios now. Now any resemblance these bear to real people is entirely coincidental, if you know of anyone it sounds like. I have made them up. [Reads first scenario]

Pause – no one speaks

Donna: Any general impressions? What perhaps she should be thinking about?
Participant 1: Is she in a relationship?
Donna: That’s important is it?
Participant 1: It is if you’re going to have…oh well
Participant 2: Needs sperm
Participant 1: Yeah, if she got sperm
Participant 2: that’s the easiest way to get it
Participant 1: My biological clock might be ticking but she might not have anyone
Donna: So you think it is important to be in a relationship?
Participant 1: Well it is in relation to sperm
Donna: Or could she be looking at artificial insemination or a one night stand?
Participant 3: It depends on how much money she has got, if she can buy in lots of help then no I don’t think she needs to have a partner but if she is not too flush. I think a partner would be wise.
Donna: She might have some money working as a solicitor.
Participant 1: And working that long you don’t think she has got a partner
Participant 2: She wouldn’t have time for one, unless it’s her boss [laughter]. She has got some very big decisions to make
Donna: So what are important in the decisions she has to make?
Participant 2: Well. If she wants to have children. What kind of involvement she wants with those children, because she may, say, have a partner who staying at home
and we wouldn’t bat an eye-lid at a woman staying at home with a husband who worked to 8 or 9 o’clock at night

Participant 1: It depends on the company she’s with. She might take the partnership and they’ll give her ample time and may reduce…

Participant 2: Fairy-land…

Participant 1: well you never know

Participant 3: Yeah I think it is unrealistic to think she would perform very well in the partnership as well as having a bunch of kids

Participant 1: Why?

Participant 3: I think that is a reality. I think that’s – ah well – unless yeah she has got the money to have good child care or have a husband who is at home.

Participant 2: Or family support

Participant 1: family support

Participant 3: Or yeah the family support but yeah she’s not going to…

Participant 2: It’s back to what’s not typical and yeah

Participant 3: If she keeps the partnership she going to have to continue working those like 12 hours a day.

Participant 2: She just needs to think about what her priorities are that could be really hard because she is running out of time, quite frankly

Excerpt 14

Participant 1: I’m also wondering though, like we have all the choice but we also have all of the responsibilities, well that’s what I feel as well. Like if we do choose to have children and go to work I still feel that it largely falls back on the mother to arrange the childcare and make sure the child’s being adequately looked after and being…

Participant 2: Yeah and I think generally….I know that’s different for you [talking to Participant 4] because your husband has the kids, but usually it’s the mother and mostly, and when the families are together or not it is still the mother’s responsibility, generally speaking

Participant 3: Like with things with school, like the, like I’m working full-time and my husband works 3 days a week but …and he picks up the kids from school most of the time. But with things like you know school concerts and education week and all the things the school wants parents to go along to, I mean he comes to some of them but I still feel more of an obligation to go than he does

Participant 2: And perhaps we take that on ourselves too, we accept that responsibility and go along with it because our husbands grew up seeing that and so did we. Like my parents were very, the father goes out to work, the mother stays home and isn’t particularly happy but looks after the children

Participant 3: Our father was a farmer so theoretically he could have gone to things at the school just as easily as Mum but he didn’t
Participant 2: It wasn’t the done thing
Participant 3: No it wasn’t expected of him, so he didn’t do it
Participant 2: Like my husband has never taken the children into be vaccinated or to the doctor, just that’s my responsibility, that what I do

Donna: So are you saying that we have learnt to do that, like be the one who takes the responsibility or is that something intrinsic within us

Participant 2: That’s a tough one, I don’t know, I really don’t know, I think we have learnt it, it’s hard to, like I live on a farm, my parents in-law live there too and for my personal situation I’ve had a lot of input from my mother-in-law, a lot of pressure from her to let my husband go and do what he feels like doing every Saturday and I say ‘no’. Like we not like this, our generation take it in turns. So there’s been that, that whole push from them and it has been very obvious and my parents who’ve said things like if keep treating your husband like that he’ll leave you [laughter] But I said but he’s really happy [more laughter] he likes it like this. Yeah, I don’t know, yeah, you’ve got to make your own arrangements but there is this certain societal pressure and expectation isn’t there?

Excerpt 15

Donna: Well you mentioned about questioning about why women don’t have children, do you think it is seen as something that is seen as being part of a woman to have children. Is it an essential thing for a woman, to feel like a woman

Participant 1: Well, I suppose my personal experience on that was that I did want to experience it because it is one of the experiences open to you in life but that’s not the same as saying well it is an essential part of being a woman. But I do think it is women who want to have children more than men on the whole, not in every instance.

Donna: Are women seen as less than women if they are not having children?

Participant 2: I think that’s a risk. An unspoken risk that people will frown upon them

Participant 1: Yeah or think about them as more masculine than the average woman

Participant 2: Well my sister is gay and she has a partner in a very stable relationship. They’re in their 60s, well nearly in there…they’re in there 60s now….but I certainly don’t look at them as being less…..the poor things they’re on my…..there the next on….if [partner] and I ever disappear they’re the parents of our children

Participant 1: They going to have children

Participant 2: So I’ll get them one day

[laughter]

Participant 1: A bit of fate [inaudible]

Participant 2: But I find myself, not so much with them but with my auntie, who hasn’t has children, I find myself slipping up sometimes and this is how I know….I find out my real attitudes….is you know I’ll say…something will happen and I will say ‘oh what would she know, she’s never had children and my auntie will go
‘excuse me’ –‘oh I’m so sorry, but I don’t think about you’ it’s just you know, underneath there are I think, you know, ingrained ideas that rear their ugly little heads every now and then.

Excerpt 16
Participant 1: But yeah women are better at nurturing in general I suppose because that’s their nature. Not all women, some men are better at it but in general. But there’s an assumption and I think its probably a fair assumption that women are better at nurturing and children need nurturing when they’re young. And that’s why, there’s a reason, why things happen that way, perhaps. Yeah but we got a bit twisted up along the way, around the time of the inquisition or something like that.

Donna: Do we all think that? That women are better at nurturing by nature, on the whole?
Participant 2: I think it is partly impacted by cultural things, so men adopt a cultural…or they have cultural influences that might reduce their….they might not want to be seen to nurturing. That might not be quite male enough and I suppose we have different ways of nurturing. And we don’t really know….I’m sure that children would thrive in a male…in the environment where the male is nurturing even though it would be a different sort of nurturing. It might not be….

Participant 1: Its like, people….children survive having only one parent.
Participant 2: Mm
Participant 1: Instead of 2 which we think is the ideal, but um….yeah
Participant 2: But perhaps except for perhaps physically the breast feeding that men are perfectly capable.

Excerpt 17
Participant 1: And I’ve noticed with mothers that do work full-time, it is very different to fathers that work full-time. I have a couple of friends that do work, full-on full-time jobs and have a number of children. They each have 4 and 5 kids and when they are at home they feel that guilt thing that they have to give their time to their kids but when there are working fathers, like full-time working fathers they don’t feel that. They still go and play golf on Saturday, or do whatever it is they do in their own time but working mothers often do that they carry that whole sense of…

Participant 2: I think it is so stressful
Participant 1: It is. It is really tough
Participant 3: My husband’s good, he helps with a lot of the house work, he does a lot of the cooking and the shopping and the washing and that sort of thing. But just sort of doing things with the kids, that’s not his strong points, so….yeah
Participant 1: there is something about being a mum. I think kids want you. They want their mum, to know what their doing and know how they’re feeling. It’s not quite the same as a dad. [general noises of agreement] Don’t you think?

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## ACRONYMS

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<tr>
<th>Acronym</th>
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<tbody>
<tr>
<td>ART</td>
<td>Assisted reproductive technology</td>
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<td>EMTR</td>
<td>Effective marginal tax rate</td>
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<td>FTB</td>
<td>Family Tax Benefit</td>
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<td>IVF</td>
<td>In-vitro fertilization</td>
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<td>NSW</td>
<td>New South Wales</td>
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<td>OCP</td>
<td>Oral contraceptive pill</td>
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<td>SDT</td>
<td>Second demographic transition</td>
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<td>SI</td>
<td>Symbolic interactionism</td>
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<td>SWF</td>
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<td>UNEGEEW</td>
<td>United Nations Entity for Gender Equality and the Empowerment of Women</td>
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